

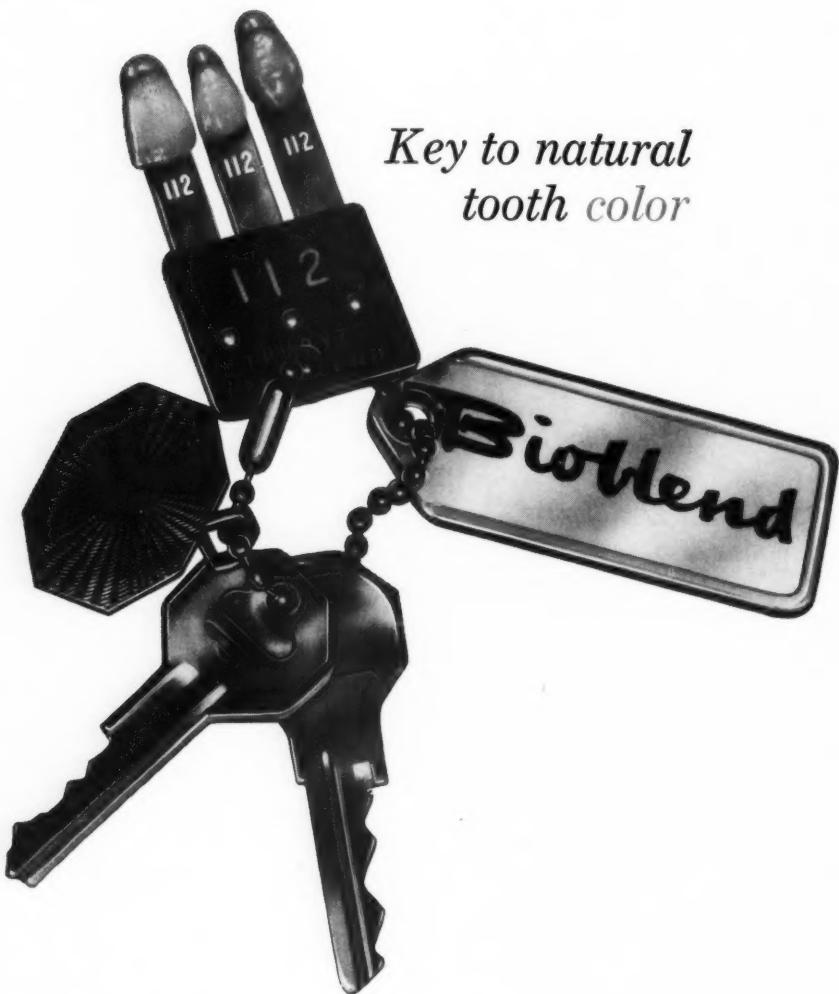


the dental assistant



JOURNAL OF
THE AMERICAN
DENTAL ASSISTANTS
ASSOCIATION

MAY • JUNE • 1961



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JOURNAL OF THE AMERICAN DENTAL ASSISTANTS' ASSOCIATION
The Dental Assistant is published bi-monthly except November and December when published monthly by the American Dental Assistants' Association, 410 First National Bank Building, La Porte, Indiana. Printed in U.S.A. Issue of May-June, 1961, Vol. 30, No. 3. Copyright 1961 by the American Dental Assistants' Association. Second Class Postage

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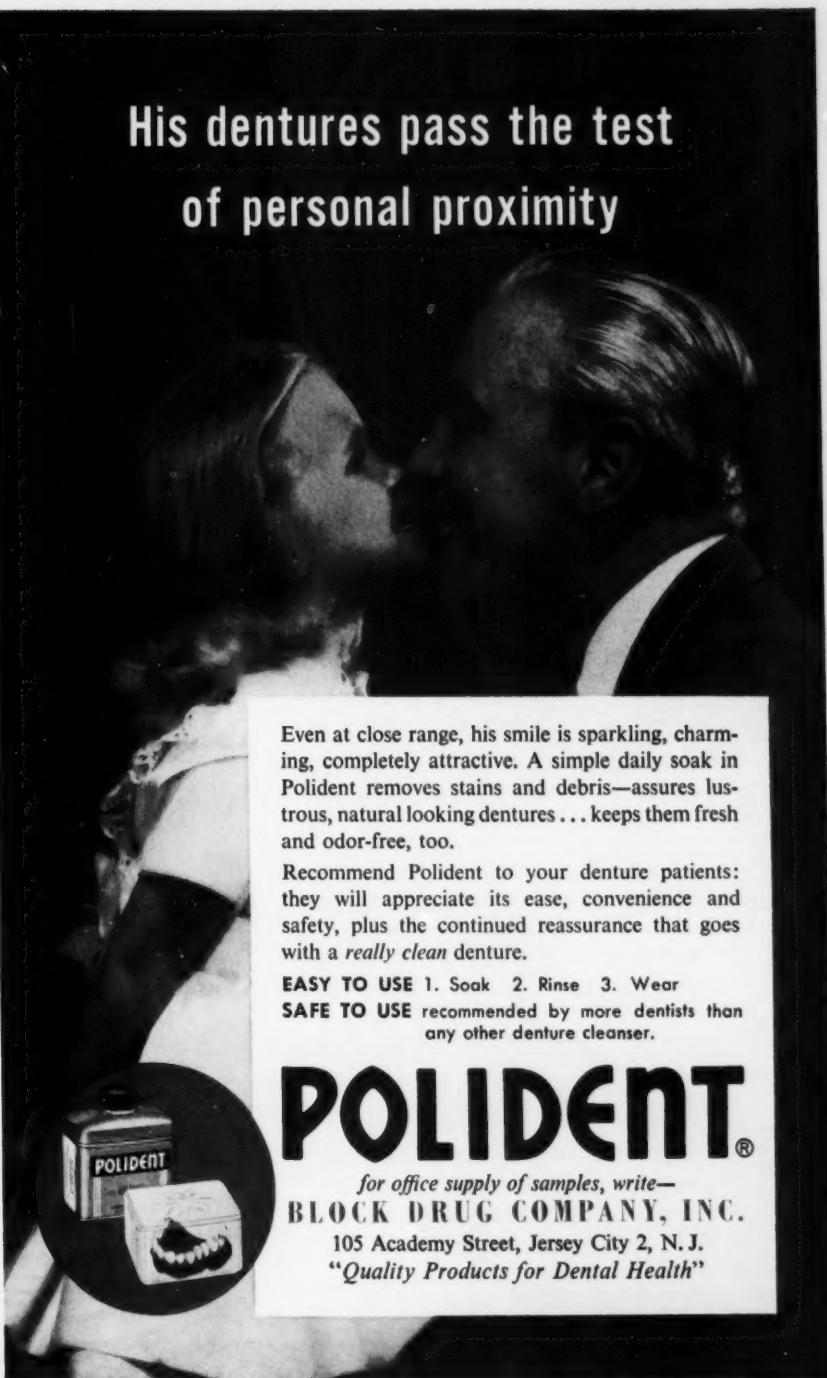
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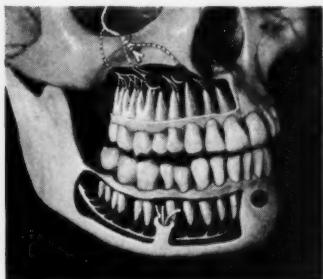
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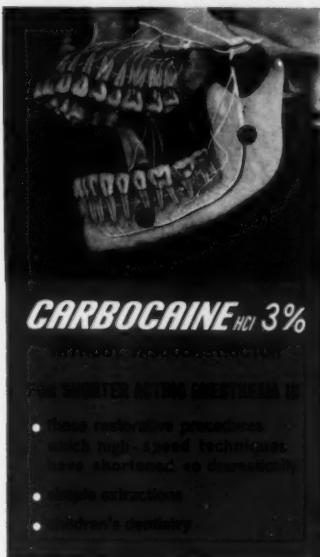
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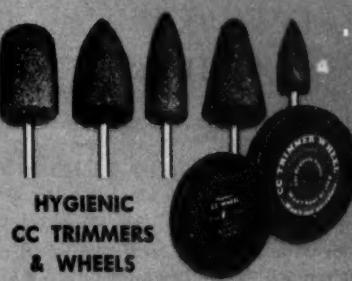
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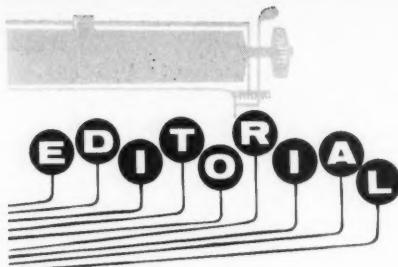
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A Call for Unity

A profession exists to serve humanity and all component auxiliary groups contribute to the fulfillment of that ultimate objective. The phrase in itself may seem trite and yet an exploration of its meaning can teach much. To serve humanity not only implies but dictates that the needs of the patient become foremost in all our aims, our goals, our objectives, our efforts and our thoughts.

The primary responsibility for the patient belongs to the dentist himself. This responsibility, this obligation, becomes his life and his dedication. How then can the auxiliary arms of the profession contribute to this dedication?

Such a challenge transcends all associations, societies, and traditional boundaries, and focuses on the need for unification and harmony among all auxiliaries who profess education, service, and loyalty toward the total effort. It becomes essential that an intimate relationship be realized among all groups that make up the total dental profession. Such intimacy must be real and sincere and be based on education, mutual respect, and cooperation as related to the responsibility that each component group contributes in support of the dentist.

It is important that an organization, a society, a group have a spirit of high morale and *esprit de corps* but these should be controlled in order that the main objective of supporting the dental profession in its major role of serving humanity be fulfilled.

What efforts in this direction are being accomplished at this time? The dental assistant, dental hygienist, and the dental technician serve the same responsible public health servant, the dentist. What constitutes the basis for their relative strangeness in relation one to another? Maturity implies respect for another person's activity. Is this the proper time to realize such maturity in our professional growth and development? Is each auxiliary group waiting for the other to make the initial approach?

Joint meetings, interchange of speakers, contributions to each other's journals, visitations to each other's schools and educational centers are only a few mechanisms of communication that might be explored.

Psychologists tell us that sibling rivalries are common activities in many families. Such rivalries can be healthy if they are recognized and controlled, and do not threaten the love, warmth, security, and unity of the family.

Perhaps our dental family could take inventory of its own activities and concentrate its efforts in further strengthening the bonds of mutual respect and friendship for even greater unity. Such acts of inter-association communication can be instituted at any or all levels of the association's organization. Our local societies' stimulating experiences and greater rewards could be realized by such an activity, particularly at the local levels, and this should be encouraged by our national organizations.

There can be little doubt that our parent organization, The American Dental Association, would indeed welcome this closer harmony and should even consider encouraging and guiding our auxiliary groups in this direction.

Let all groups connote this maturity by a mutual step in this direction. Let our Doctors know that they are being supported by a united auxiliary service respective of each other's contributions and cognizant of its professional responsibilities. Our people, the ultimate beneficiaries, deserve no less.

MYRA J. PETRIE,
Contributing Editor

Who-What-Where-When-Why

If the old axiom "Ignorance is Bliss" be true there certainly is a sizable group of dental assistants who are quite "blissful" in so far as our Association is concerned. Frankly, I do not think we are as "blissful" as we are "lazy". How many of the five W's can we answer about our Association?

WHO? In whose hands have we placed the leadership of our Association? How many of us can name all of the officers of our Component (local) Society? Do we know at least the President and Secretary of our Constituent (state) and National Association? A close survey of this journal will keep us up-to-date on all of our national leadership, and if such information about our Component and Constituent Societies has not been made available to us, we certainly should ask for it. After all, isn't it *our* organization?

WHAT? Our Bylaws are the governing rules of our Association. Do we have any idea of what is contained in them? I believe this is the chief weakness in our Component and Constituent Societies; we just don't bother to learn how our Association functions. I call your attention to an article in the January-February, 1961 issue of this journal, entitled "Inlaws! Outlaws! Bylaws!" written by Mary Alice Ford, Chairman of our Bylaws Committee. If you haven't read it, I hope you will do so now. Do we know whether or not our Constituent and Component Societies are making plans to change their bylaws to conform with the A.D.A.A. Bylaws adopted at the meeting in Los Angeles? How many of us have seen a copy of the bylaws of either our component, constituent or national association? Let's be honest—haven't we sometimes served as officers in both component and constituent societies without a real working knowledge of the bylaws? How can we hope to have good associations with a situation like this? It is my opinion that a study of the bylaws cannot be emphasized too strongly. The following is quoted from the closing paragraph of the article on bylaws referred to above, "Your bylaws committee is well aware that the majority of you feel that bylaws are dry, uninteresting and a necessary evil. We assure you that they aren't! If you would just take the time to read your component bylaws you would soon discover what makes your organization 'tick'—how you are a part of the component—how the component is a part of the constituent—how the constituent is a part of the national Association. You, the dental assistant, are the Association." I challenge you to do this!

WHEN AND WHERE? Do we know the meeting places and dates of our local, state and national Association meetings? Maybe we cannot attend all of them, but we can at least know when and where they are and keep ourselves informed of what happens at the meetings.

WHY? Why do we have an Association? The object of an organization should be given in all bylaws—and it is in ours. However, there is no point in including it unless we read it and try to uphold it. How many of us are familiar with the Object of our Association? If we are not—Why?

It is my hope that we may all be challenged to become better informed about our Association, at every level—local, state and national. Instead of being "blissfully ignorant," let us be "blissfully aware". Awareness leads to knowledge; knowledge leads to action; action leads to the achievement of the goals of our association.

CLAIRE WILLIAMSON,
Contributing Editor

THE MAN WHO WASN'T THERE



There is a gap in this line—the *man who wasn't there*—the dental student who never enrolled! Surprising fact is that despite popular opinion to the contrary, there is a *real shortage of qualified dental student applicants*. The freshman classes in our dental schools opened in the Fall of 1959 with 130 vacancies . . . dentists who will not be trained and ready to practice four years hence . . . representing millions of future dental visits lost to the American public.

What's to be done about it? The Fund for Dental Education firmly believes there is a vital need for the development of an energetic student recruiting program to meet the ever-growing competition from other professions and business.

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Dentist Needs for the Future*

Shaler Peterson, Ph.D.**

All of the professions are becoming very cognizant of the need to study the problem of providing sufficient personnel to meet the demands of the future. This awareness of the problem has been prompted by two major factors—namely, the increased competition from new career areas, and the second, the reduction in the number of applicants which all of the established professions seem to have experienced in the last few years.

In the case of dentistry, the entire profession seems to be interested in this "man-power" situation. Many of these agencies have established special committees and have allocated large sums of money for a study of the question. This has had the beneficial effect of impressing the profession with its responsibility for seeing to it that there would be an adequate supply of competent personnel to provide dental care to all who seek dental treatment, and also to try to find better ways and means of providing dental care for those who need treatment, even though they have not sought it. The profession realizes that by making the public more dental conscious, it will encourage more persons to seek dental care and that this care must be provided by a group of personnel whose numbers are not keeping pace with the rapidly expanding national population.

At the outset of studying this situation, most of the emphasis seemed to be directed at the educational institutions, for some

persons would consider this to be purely an educational problem. The schools accepted their part of the responsibility, but many other groups found that they had an important role to play in studying this question.

We now find that the public's dental needs of the future are being attacked from several different directions. Research is being accelerated in order to discover improved methods of reducing dental disease and hence, reducing the demands and the needs of the public for dental care. Attention is being given to improving the efficiency of dental practice by those who are expert in the field of practice administration, by the manufacturers of dental instruments, by research workers, by the dental schools, and by the practitioners.

In the past two years, nearly all of the various societies and associations that are related to dentistry have taken some action announcing their interest in having programs developed which would attract an increased number of qualified persons for

*Excerpts from a paper presented at the Section Nd-Dentistry-American Association for the Advancement of Science, Symposium: *Career Opportunities in Medicine and Dentistry*, December 29, 1960.

**Secretary of the Council on Dental Education and Assistant Secretary of the American Dental Association for Educational Affairs, Chicago, Illinois.

the profession of dentistry and also for an increased number of auxiliary dental personnel, including the dental hygienist, the dental assistant, and the dental laboratory technician. Also, there has been increased activity in producing many brochures and pamphlets that describe the opportunities in dentistry. These have been widely circulated to counselors and advisors in the universities and colleges and to dentists who pass them on to patients. An increased amount of attention is also being given to the recruitment of potential dentists from the high school classes; but thus far, these programs have been left largely to the professional men in the community who are called upon by their service organizations and by the schools themselves.

The question is often asked: "How many dentists will be needed in the future?" Many statisticians have ground out figures to provide us with estimates of this need, but the true answer cannot be given by merely juggling numbers, nor can it be given accurately by anyone who is merely handy with a slide-rule. The usual method of calculating the number of dentists who are needed for the future is to estimate the number that will be needed in order to maintain the ratio of dentists to population which we have today, or to improve this ratio if possible. However, if we look at ratios, they become a bit discouraging, for we had a ratio of one dentist to 1,728 persons in 1930; one dentist to 1,865 persons in 1940; one dentist to 2,009 persons in 1950; and today, we have a ratio of one dentist to 2,150 persons. Incidentally, one reads many figures and they do not all agree. It should be mentioned that these were computed by the Association's Bureau of Economic Research and Statistics, and these figures intentionally exclude all teachers and all dentists employed by the federal services. Estimating the new schools that realistically may get under way in the next fifteen years, there is likely to be one dentist to about 2,450 persons by 1975. This means that we shall be short about 5,000 dentists in 1975 to meet the ratios that we have today, or short about 40,000 to recall the same ratios that we had thirty

years ago. We could hold our own with our present ratios with one new school each year that would graduate a class of about 75, recognizing that the first new school started this year would not graduate its first class until four years from now. However, an average of one new school a year for the next fifteen years does not appear to be possible, although we are assured that there will be a number of new schools in that time.

This is certainly not to say that we have had losses in the number of dental students or in the number of dental schools, for they have increased; but it does mean that we are not able to keep up with the huge increases in national population. The number of schools increased from 38 to 39 from 1930 to 1940; then to 42 in 1950; and we now have 47 in 1960, with another to be opened next year, or an increase of 20 per cent in twenty years. The number of graduates went from 1,561 in 1930 to 1,757 in 1940; and in 1960 to 3,253, an increase of 108 per cent in thirty years and an increase of 86 per cent in the last twenty years.

Similarly, the growth in dental hygiene schools has been remarkable, for in less than a ten year period the schools have grown from 16 to 37, with two more definitely scheduled to begin next year; or a gain of 144 per cent in schools and with nearly a 100 per cent gain in the number of graduates. This gain is even more remarkable in view of the fact that just about ten years ago, the curriculum of the dental hygiene program was changed from a one to a two year course. The growth in dental laboratory technician programs has not been as spectacular, but the increase in various kinds of programs for the dental assistants is also increasing rapidly and this increase is expected to continue since the profession has now approved a specific set of standards for such courses.

These figures should not be interpreted to mean that there will be any lack of dental service in the future. While the figures certainly show that we cannot possibly have the same number of dentists to serve each group of 10,000 persons as we have had in the past, we must also realize

that dentistry in the future is not likely to be practiced in exactly the same way that it has been in the past.

The practice of dentistry seems to be in an evolutionary period. During this period of time, the young student who is selecting a career will certainly choose wisely if he wishes to enter a field in which his professional services will be in great demand, and a field in which he himself will find it possible to make a contribution to both his profession and to the public. Surveys show us that many students select dentistry not only because of the service that they can render in the health field, but also so that they may be self-employed and engaged in a field of work which has high prestige value and one which also enables them to receive a satisfactory income.

The students who select dentistry will also find that growth in this profession will enable them to choose between a career of office practice and many other facets of dentistry. They may enter a field of research, which has the unique advantage of being practically a brand new area of investigation, and they will find that their interest in research can include either the clinical areas, the related basic sciences, the areas of practice methods or public health, to name just a few. Many dentists find that they can combine their interests and divide their time between teaching research and practice, and still have time to make a contribution to their own local communities.

Dentistry, by historical standards, can be considered an old or ancient art, judging by the time when dental appliances were first constructed. However, as a profession and as a career in which high educational standards have been required, dentistry is a relatively young profession.

Dentistry of the future will be attractive and satisfying only to those who are interested in a real challenge for a type of work that is continually changing and one that is continuing to offer new opportunities. Dentistry will be attractive to the student who wants to enter a field in which he can be sure that not everything has been

done and where he can be sure that he can be a part of the evolution and the building. Dentistry will also be attractive to the student who has aspirations for being a part of a profession that has high ethical standards to give him major guidance in his self-employed position, as opposed to a position that is solely regimented by legislation and directives.

Dentistry of the future will continue to attract primarily the highly qualified student who is endowed with intelligence, an ability to think for himself, and one who does not shirk hard work and responsibility. The standards in the dental schools continue to be high, even when it means leaving spaces open in the entering class. Last year, 141 places were unfilled in the capacity freshman class of 3,748 in the 47 dental schools because the admissions committees in half of these schools were not quite satisfied with the remaining pool of applicants. This year, the schools expanded their classes by 64, but again, there were unfilled positions. While more students were accepted than last year, there were still 164 places which could not be filled with the quality of students that are now being demanded by many of the schools. The vacancies in the entering classes of 28 schools this year give some cause for concern because there are some well-qualified applicants who do not get into dental school. However, most of those who are highly qualified and are not admitted create this situation for themselves by applying only to one or two schools which are already receiving a very large number of applications from qualified students.

Less than twenty years ago, dental schools and some of the other professional schools were having a difficult time filling their classes. Following the World War II, there was a big influx of applicants that fell to about a two-to-one ratio, but this has now fallen to about 1.5 applicants for each place in all of the dental schools. During these years, the schools have been receiving an excellent group of applicants and therefore, have been able to raise their admissions standards as well as their graduation standards. The schools also have

adopted the policy that they want to accept only those students whom they are reasonably sure can meet the demands and the standards of the school. Fifteen years ago, some schools would fail as many as 50 per cent of their first year class. Now, there are schools in which all students meet the standards, but the average academic failure for the first year is only 2 or 3 per cent, which proves that the schools take pride in the quality of their admissions programs. Also, it shows that the counselors should advise only the capable students to consider dentistry as a career. Percentages alone do not show the difference in the mortality or attrition rates in the last fifteen years, for one must realize that the higher standards make it impossible for students to remain in school even though they might have been permitted to remain under the lesser standards that some schools readily admit they had fifteen years ago.

Many agencies are studying ways and means of attracting a greater number of highly qualified students so that all of the dental schools can operate at full capacity and hence, help produce the dentists who are going to be needed in the future. Studies we have made show that the counselors in the universities and colleges are rather ineffective in advising students to study dentistry—just as they have been reported to be ineffective in some of the other fields. It is understandable that only 8 per cent of the dental freshmen indicate that the college predoctoral adviser had anything to do with their seeking dentistry as a career and only 5 per cent indicate that the high school adviser influenced them in this direction. Most dental students feel that the decision was primarily their own, but 48 per cent indicate that their own dentist had a great influence and a third indicate that their parents were effective influences. Data such as these are causing a number of the agencies in dentistry to try to get career information into the hands of the dentist so that he can talk to his young patients, although of course, work is continuing toward making material on dentistry available to the university and high school counselors, even

though we realize that most of them are loaded heavily with other administrative and teaching duties and that they also must try to be experts in a very large number of career areas.

The trend in dental school enrollment shows that in spite of increased numbers of schools and expanded enrollments, we shall undoubtedly not be able to retain the same ratio of dentists to population as we have at the present time. Also, we may continue to see this ratio become even more critical. Ratios, in themselves, however, may be very misleading. There are many sections of the nation where there are acceptable ratios, for such states as New York, Connecticut, Massachusetts, Oregon and Minnesota have ratios of one dentist to less than 1,400 persons; but on the other hand, South Carolina has a ratio of one dentist to 4,824. The availability of dental service varies so greatly between the states that a large part of the question is distribution of the dentists. Many regions are attempting to correct the inequities in their own area by finding ways of recruiting more practicing dentists. This type of program is probably even more important than the recruitment of more dental students or encouraging the expansion of dental schools and the creation of new ones.

In the past ten years, dentists have proven that the average dentist can increase his productivity of service by 29 per cent. Other figures indicate that the combination of increased population and increased demand for dental care just about absorb this increase in efficiency. This means that thus far, the members of the dental profession have been able to adjust their efficiency and their work loads in such a way that they have been able to keep abreast of the demands, even though the ratios of dentist to population have become less favorable and in spite of the greater dental consciousness on the part of the public. A survey by the Association's Bureau of Economic Research and Statistics also shows that today, 40 per cent of the dentists report that they have somewhat more demand for service than they can render; about 45 per cent indicate

that there is a good balance between their ability to provide service and the demand for it; and the remaining 15 per cent indicate they could take care of more patients. The career seeking student and the counselors should be interested in these figures, for they predict the demand that the professional man may expect for his services and his talents.

While dental education is somewhat appalled at the challenge of the future for more service, the dental educators are adamant that they will continue to raise standards and that they will continue to graduate an increasingly capable group of students with each graduating class. There is certainly no thought of lowering the standards of the curriculum or the length of the program merely to produce a greater number of graduates. The whole philosophy of the dental profession is that the public must continue to have the services of the most highly qualified professional men that it is possible to produce.

Dental service of the future will be conducted by a greatly expanded personnel, for the dental profession will be able to increase the number graduating from dental hygiene schools, dental laboratory technology schools and dental assisting schools. These auxiliary dental personnel will be called upon to render a larger proportion of the dental service, and they must, of course, be supervised by the dentist. The Association is now on record to encourage dental schools to institute research programs designed to study the functions of the dental hygienist and the dental assistant with the thought that the dental team can be made to operate more efficiently, and hence, be able to meet whatever demands are made of it in the years to come. Dentistry is in the early stages of an evolution during which time the methods of dental care and the allocation of duties for rendering this dental care are about to be changed. This is all the more reason why the dentist himself must have the very best education and experience that it is possible for the dental school to provide. He must be well prepared scholastically and be endowed with a desire to make a real contribution, both to the health of

the public and to his own profession, through his highly ethical standards of professional conduct.

Those who enter dentistry today must also be particularly adaptable in order to cope with the changes that will take place in the treatment of dental disease, in the wider utilization of auxiliary dental personnel, and in the various methods of improving both private and group practices. The dentist of the future will need to be research oriented, for even though he himself may not be involved in the conduct of research, he will need to read more widely and attend more refresher courses; and this will mean that he must be prepared to decide for himself as to whether certain newly developed methods are sound and worthy of his attention and use. Also, the dentist of the future must take the time to become active with his own professional colleagues in the activities and programs of organized dentistry. With the changes that are likely to take place in dental practice, he will want to take an active part in formulating the policies of his own Association, both at the local and national levels; and similarly, he will want the assistance of these agencies to assist him in his own growth. Probably never before has it been so important for the professional man to understand all of the objectives of his own profession and for him to seek the methods by which he may be able to be most effective in planning for the future. As he becomes active in his profession, he will gain first-hand knowledge of the accurate image that dentistry should portray to the public as well as to himself. Portraying the proper image of dentistry to the public, as well as to the prospective dental student, will do much toward finding the solutions to the problems of the future. It will do much in guaranteeing to the public that the dental profession will be able to meet all of the demands that will be made on it. Furthermore, the proper image will do much in guaranteeing to the dental profession that there will continue to be an increasing number of well-qualified applicants for the study of dentistry and the auxiliary dental fields.

What is a Profession?*

A PROFESSION:

- Accepts as its main purpose, contribution to human welfare.
- Seeks the truth, eschews the false. It bases its applications upon scientific fact and changes applications as necessary upon discovery of new scientific findings.
- Limits its services and its claims to credit to its own area of competence.
- Acknowledges the responsibility of making its services available to all the public.
- Maintains a progressive code of ethics to protect those it serves and, secondarily, to insure maximum freedom for cooperation between its members. It freely exchanges, within its ranks and without reserve, its knowledge.
- Establishes standards of excellence (for those who seek entrance or wish to continue as members of the profession) based on knowledge, character, and achievement without regard to race, color or creed.
- Carries out the responsibility of interpreting itself to the public, and expresses its social conscience by cooperating with other ethical professions, groups and persons.
- Offers its members (by tradition in the United States) the right to render services to whom he pleases, at the place and time he chooses, at a price he wishes to charge, providing that all these are consistent with the ethics of the profession, the law of the land, and the public interest generally.

*Reprinted from MONITOR, official publication of Michigan Association of the Professions, Vol. one, Issue one, May, 1959.

New Horizons For Dental Assistants**

Edward J. Forrest,* D.D.S., Ph.D.

Many factors are influencing our current thinking relative to the future profile of the dental profession. The estimates of an everincreasing population have brought forth ideas of corresponding increases in available dental services. Additional dental schools are being contemplated, increased research activities for prevention of dental conditions are being stimulated, and the further use of auxiliary personnel is being explored. The Council on Dental Education has widely encouraged the development of various organizations of auxiliary services and has succeeded in associating them with the profession. This encouragement has in certain instances been formalized by actual affiliation with the American Dental Association and in other cases stimulated by consultations and conferences. The action taken recently by the Council on Dental Education in recommending that accredited dental schools provide opportunities for dental students to learn the effective use of dental assistants has provided an impetus in further developing this important auxiliary arm. The United States Public Health Service through co-operative agreements with a number of dental schools has effected programs by which dental students can learn the value

of utilizing dental assistants in rendering more professional service to a greater number of patients. The College of Dentistry at the University of Illinois has been part of this experiment and certain awarenesses and developments have been forthcoming. One such awareness is the fact that the status and prestige of the dental assistant in the eyes of all the Health Professions, and the public, today reaches heights never before realized or enjoyed. The applicants for the Dental Assistant Trainee Course are of college calibre, and in some instances have had several years of college education. It has been our experience that these young women are eager to avail themselves of an opportunity to embark on a career which would bring them into a professional atmosphere. The progress of these dental assistant trainees has been carefully studied and evaluated by written and performance tests and indicates the suitability of these trainees as competent and proficient dental auxiliaries. All of the dental assistant trainees at Illinois have to date completed the accredited fulltime prescribed course and approximately 30% have continued their education by completing an additional three months dental assistants internship. This total program has provided the dental assistant trainee with additional opportunities to assist in various operational climates. All phases of dental practice have become a part of their living education, with additional assignments to hospital operating rooms and dental clinics, to high

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**Read before the Chicago Dental Assistants Association, Mid-Winter Meeting, Chicago, Illinois, February 1961.

schools where dental health education is taught, and in the presentation of papers and clinics at both dental and dental assistants meetings. Such a broad education has excited a number of these trainees to still further study in order to increase the breadth of service that they might render as dental auxiliaries.

Current Program At Illinois

Four Certified Dental Assistants supported by the cooperative agreement with the United States Public Health Service and eight Certified Dental Assistants supported by the University of Illinois College of Dentistry form a staff of experienced dental assistants responsible for providing experience for our dental students in the effective use of auxiliary personnel.

Closed circuit television as well as motion pictures and other visual aids are employed in orienting the dental students in the team approach to patient care. Lectures and seminars with discussions relative to the teacher, student, dental assistant and patient relationships are provided. This orientation is followed by actual clinical experience in the various clinics in the College of Dentistry in which the dental students and dental assistants practice the team approach for more effective utilization of auxiliary personnel.

These experiences are currently being expanded into our adjoining Research and Educational Hospitals which have requested dental student-dental assistant combinations to serve in that area. The orthopedic service has 95 beds which are occupied with an average hospitalization of 90 days. An exceptional opportunity for both the dental student and dental assistant as a combination team treating patients in the hospital is thus provided. Many other by-products relating to other personnel in the hospital in the total care of patients also are realized.

In order to increase the number of dental assistants available for utilization in our dental clinic areas, an educational program of 1000 hours plus a voluntary three-month internship program is currently being conducted. Currently, twenty-five selected young women are being prepared

for active clinical assisting of our dental students and faculty. These twenty-five dental assistant trainees, along with our staff of twelve Certified Dental Assistants, expand the experiences for our dental students in rendering oral health service to our patients.

Previous evaluation reports relative to our program have indicated that a student can increase productivity in terms of patient treatment by 37%. Our records indicate that all of our dental assistant graduates are currently assisting in private offices or are employed in institutions such as Colleges of Dentistry and Veterans Administration Dental Clinics. One of our dental assistant graduates is currently supervising a dental assistants program in another School of Dentistry.

Continued Opportunities And New Challenges

PHASE A) One Year Basic Educational Program for Dental Assistants

The current Dental Assistants Program at the College of Dentistry will be continued on its present basic one year plan of study. This program has provisions for educating approximately 25 young women who will learn the objectives and the language of the profession, apply certain skills as chairside assistants, and perform minor laboratory procedures. This corps of dental assistant trainees, along with 12 employed experienced dental assistants, form an auxiliary staff which is available to our dental students so that they learn how to effectively use dental assistants in the team approach for more efficient patient care.

The basic program introduces the dental assistant student to the professional aspects of dental practice and to the broad scope of its health service. It will qualify her to ably assist a dental practitioner in a one or two-chair dental office and will meet the needs of a majority of dental practitioners today. Our experience seems to indicate that the majority of young women will be satisfied with this basic education of one year.

However, we feel that the most qualified and highly activated graduates should be given an opportunity to further their

education. For such students, the one year program will at the same time serve as the basis for additional superposed and advanced training leading to specialization in the field of laboratory technics (Phase B) or to certification as a dental hygienist (Phase C).

PHASE B) Dental Assistant-Dental Technician Program

A group of dental assistants will be selected for an intensive training period in laboratory technics. Our experience has shown that a number of the dental assistant trainees show an exceptional aptitude for laboratory technical procedures and in many cases prefer this type of isolated activity to the more personal relationships of chairside assisting. Qualified graduates of a one year dental assisting program would be given a 3-months or more course in laboratory technics including laboratory procedures in the fields of Prosthetics, Crown and Bridge, Operative, Pedodontics, and Orthodontics.

PHASE C) Combined Dental Assisting-Dental Hygiene Program

Up to the present time, most dental assisting programs have been terminal in nature and have precluded further educational studies unless the dental assistants were willing to initiate a course of study from the very beginning. It seems reasonable to select the best qualified graduates of one year dental assisting programs who are highly motivated for additional study and to offer them an additional year or so of study leading to a certificate in dental hygiene.

We feel that the graduate of this combined program will be an individual well oriented on a broad and intimate base with the profession of dentistry by virtue of her basic year of dental assisting education which involves all phases of dental practice. We wish to explore the philosophy that a unification of auxiliary personnel can be better effected by providing them with this similar one year basic orientation. This philosophy parallels present thinking in terms of medicine and dentistry, whereby all members of the medical or dental profession regardless of their present activity,

be it specialization, teaching, research, or administration, do have a similar basic educational background as designed by the M.D. and D.D.S. degree. A similar unification of all dental auxiliary personnel seems worthy of experimentation.

PHASE D) Expanded Usefulness of Dental Assistant by Further Training

From a group of dental assistant graduates, a number will be selected for an experimental program to study what other skills could be learned that would make them more useful in contributing to a total dental operative procedure. Such contributions would include a knowledge of preparatory, intermediate, and finishing steps of a total dental procedure which conceivably could be delegated to a well-qualified and well-educated dental assistant without minimizing the quality of treatment but rather increasing the efficiency by which it is rendered.

It is thus contemplated that the dentist-dental assistant team would work together in a total procedure; at all times the welfare of the patient would be under direct and intimate supervision of the dentist. An example of a preparatory step could be the cleaning of certain individual teeth with a rubber cup polisher preliminary to cementing of orthodontic space maintainers. An example of an intermediate step might be the holding of impression trays (alginate technique) during the setting period for study models. An example of a finishing step could possibly be the rubber cup polishing of amalgam restorations, or the chipping away of excess cement after inlay or crown cementation.

PHASE E) Expanded Usefulness of Dental Hygienist

Since our dental hygiene students will be selected from the graduates of our dental assistants course of this College of Dentistry, we feel that we will have a greater flexibility in developing their even greater usefulness to the total dental profession. We feel it important to note that whereas the dental assistant will function in a team approach with a dentist, we may explore for the dental hygienist a more independent activity, related not only to direct patient

care, but to function more actively in public dental health services as related to individual communities. We are aware that the social aspects of dentistry are perhaps the most critical activities that need to be developed. A well oriented and motivated dental hygienist might prove invaluable in this total activity of representing the profession at community levels. She would become a key figure in advancing the social aspects of dentistry and become the most important link between the community and the dentist. The tremendous possibilities in developing highly educated and motivated auxiliaries dedicated toward this goal seems to us both exciting and imperative.

Significance Of This Educational Research

Based on dental manpower studies there seems to be a clear indication that the future dental health needs of the population cannot be adequately met by our future dental graduates. There is further indication that dental practice is changing at a very rapid pace and that the dental health needs of the people have expanded as never before in our history. It is therefore important that the profile of the dental profession in the future changes to meet both the demands of an ever-increasing population and of a better educated public in terms of dental health needs and dental health services. Such total activity will require a more *united* and better educated dental profession and a more integrated team approach in terms of overall personnel. The profile of the dental profession, therefore, would necessarily include the new dentist, the new dental hygienist, the new dental assistant and the new dental laboratory technician.

We feel that our proposed program will be a first step in uniting all components of the dental profession.

Additional Opportunities

The College of Dentistry at the University of Illinois is preparing to accept a limited number of Certified Dental Assistants who might wish to enrich their professional lives by participating in a three-month dental assistants internship. Such an internship is supported jointly

by the College of Dentistry and the United States Public Health Service, and provides the opportunity for such interns to work closely with faculty and graduate, post-graduate, and undergraduate students in all phases of clinical dentistry. Appropriate lectures and advanced courses in matters pertaining to dentistry are included. Such subjects cover phases in dental education, dental services, and dental research and are intended to broaden the educational background of the intern and make her more valuable in terms of developing similar aspects within her own society and association.

Refresher And Postgraduate Courses

The College of Dentistry is also planning a series of refresher and postgraduate courses which will provide opportunities on a continuing basis for employed dental assistants who wish to further their education. It is hoped that more schools of dentistry will develop similar programs and expand present programs in this respect as part of their educational responsibility to auxiliary personnel.

Further opportunities will result from the need for teachers and administrators in dental assisting programs throughout the entire United States. It is estimated that all dental schools will in the near future be developing programs relative to the use of dental auxiliary personnel and the need for capable dental assistants to act as teachers and supervisors will become critical. Properly qualified personnel will find excellent opportunities and challenges in these important activities.

The membership of the American Dental Assistants Association is to be commended on the progress it has made in developing the kind of organization that the entire dental profession is proud of. Much of the accomplished has been due to the unselfish and untiring efforts of dedicated leaders and the rank and file support of individual members who contributed immeasurably in countless ways and means. Unheralded and unrewarded, the membership continued to function and today proudly exemplifies the motto of the association: Education, Efficiency, Loyalty, and Service as a living tribute to all.



You and Your Career In Dental Assisting

J. J. Kimbrough, D.D.S.*

Kahlil Gibran, the poet-philosopher, in speaking of work, says: "Work is love made visible. And if you cannot work with love, but only with distaste, it is better that you leave your work and sit at the gate of the temple and take alms of those who work with joy.

For if you bake your bread with indifference you bake a bitter bread that feeds but half a man's hunger.

And if you grudge the crushing of the grapes your grudge distills a poison in the wine.

And if you sing, though as angels and love not the singing you muffle man's ears to the voices of the day and the voices of the night".

You Dental Assistants are fortunate in having had the opportunity to prepare for a vocation of your own choice. Many people do not. I live on a small hill-top in Southeastern San Diego. From my windows one can look over much of the city. Each morning I see long lines of cars carrying workers to their jobs. Many times I have wondered how many of them are going to work with love and enthusiasm

in their hearts for the job they will do, or is it a burdensome task which must be faced because of economic necessity. You may be sure that many of them have little love for what they are going to do. They did not have the courage, intelligence and will as you did to prepare yourselves over a period of many months for a vocation which you will always find challenging to your highest abilities. The training of your instructors will not only have touched your hands and your mind, but you will find that their enthusiasm has also touched your hearts, so that your work will become a joy to you.

In your work as a dental assistant you may look forward to many moments of high inspiration and exquisite satisfaction. In one area alone, the relief of pain and suffering, and comforting the afflicted, will raise in your hearts special quiet song when you feel the warm, sincere response of patients to your attentions. In spite of the great advances made in dentistry, many people still dread the thought of a dental appointment. If you do not extend yourself to them, help them to bear their troubles, they will feel alone. Man's deepest agony is to feel alone—friendless. In prisons, next to taking life itself, the most severe punishment is solitary confinement. Always let every patient know that his

*Presented at Capping Ceremony
San Diego, California,
Dental Assistants Society

comfort and well being is your greatest concern.

You will meet many kinds of people in your career as a dental assistant. They will come from many groups and classes of society. Each will have something very precious to himself; his human dignity. Neither wealth and comfort nor poverty and hardship is a measure of human dignity. Dignity does not consist of being well clothed, well fed and well housed. Mahatma Gandhi never lost his dignity even when clothed in a loin cloth and subsisting on goats milk. Dignity does not derive from a man's economic status. It rests exclusively upon the lively faith that individuals are beings of infinite value. Carry this concept with you and you will become an invaluable ambassador of good will in the difficult area of public relations!

You will become, if you love your work, an extension of the mind, the eyes and the hands of your doctor. The complete close harmony and efficiency of operation that it is possible to develop between a dentist and his assistant, when there is intelligence and sincere respect for the importance of each other's role, is beautiful to see.

It is generally believed that dentists train their assistants. I believe that many assistants train their dentists—so much so that many are absolutely lost and find it almost impossible to work if the assistant is away. Dental colleges have realized the great value of your assistance to the profession and are now training their senior dental students to work with trained assistants in the clinics. Last year the University of Southern California began hiring trained dental assistants to work with their students. This training with students will be a tremendous asset to dental graduates when they establish a practice. They will have a keen appreciation of the valuable potential you young graduates offer as skillful, highly trained teammates in the practice of dentistry.

However, one must be wary of over aggressiveness in training a dentist, as education has its dangers. There is the interesting story of a flock of chickens in a barnyard who are trained to gather around to be fed at the sound of a bell. It is advan-

tageous to them in that it expedites their feeding. Ultimately, however, the farmer must send his chickens to market. In order to gather them quickly in a convenient place to chop their heads off, he rings the bell. The danger from the chicken's point of view consists in too much education. If it is necessary to train your dentist, do it with a gentle touch.

Those of you who do not now know will soon find out a terrible secret which we dentists have tried to keep hidden. Dentists are people. They study hard, take expensive post-graduate courses on nights and week ends, and the hardest job of all is trying to be the kind of dentist our patients expect us to be. Because your dentist is a person and not infallible, there will be occasions where his feet of clay may seem to start at his knees. It is during these moments of great stress when a dental assistant can approach the level of divinity. When something goes wrong, when a patient is unhappy because the doctor may have slipped up on something for a moment, can you be sensitive enough to perceive this, and tough enough to appear to be at fault yourself, and thus protect his relationship with the patient? Or will you be smug and righteous and let both the doctor and the patient know that this was not your mistake? Perhaps the dentist makes appointments on the street or at a party and forgets to tell you. This is not your fault—not guilty this time! Should you send the patient home wondering what's the matter with that doctor? Many dental assistants do this. They may be emotionally insecure, or they may feel that their hold upon their job is so tenuous that they cannot afford to take the blame for any mistakes. Calm reflection shows immediately that the most valuable asset to the office is the professional reputation of the dentist. What you young ladies do and the way you act will have a vast amount to do with the kind of professional reputation your employer develops. As long as you persuade your patients that your dentist is the greatest, you will never have to worry about your job.

There are many things which are of great importance in the day to day routine

of dental practice which do not get into text books—Dentists as people are subject to moods of exhilaration or depression, and unhappy is the practice where the dentist and the assistant become depressed simultaneously. There will be patients that the dentist does not like and, although he may make a noble effort to conceal his feelings, he will have a rough time fooling you about his reactions to various patients.

A denture patient coming for her 10th adjustment may have had a scrap with her husband that morning and he escaped to work before she could vent her wrath on him. She's kept the lid on her anger for two or three hours now, and just wait until she lands on that doctor! She is pretty sure that she can get away with it as she has only paid $\frac{2}{3}$ of her bill. Are you going to be a keen enough student of human nature to get this patient's temperature without a thermometer? Are you going to be a skillful enough diplomat to change the mood of this patient, and are you going to be a persuasive enough credit manager to get the balance of the money

due so that the patient can relax and enjoy her teeth?

You certainly can be all these things if you will set up one special challenge for yourself: That the patient's personal comfort and well being is your greatest concern, and that every facility of the office is available for their needs.

By now, I'm sure, you must be thinking that if you use all of the scientific, technical and special skills that you have been taught, plus all of the motivational factors discussed, you will probably feel about your job exactly like two Hollywood agents. These two agents were watching a film preview of the two stars they represented. In the middle of a tender scene one said to the other, "Look at those two hams, getting 80% of our money!"

One of the most advantageous things that you can do is join your local Dental Assistants Society as soon as you can. You will make fine new friends, enjoy interesting educational meetings and share common experiences with a wonderful group of women.

A Woman's Place is Everywhere*

The average American working gal brings home \$2,667.57 a year. She and her women co-workers comprise one-third of our country's total labor force, and over half of these girls are married!

The average single working gal shares an apartment with two other girls and they own a TV set. She's a size 16, wears 27 pairs of stockings and five pairs of shoes a year. But she usually has exchanged her television and roommates for a husband and 2.3 children by the time she's 26½.

Almost 4 million of our income-earning women are ex-collegians . . . include one-

third of the country's degree recipients.

American women—whether in the business world or full-time homemakers—pay 40% of all property taxes and hold more than 40% of all home titles. They influence 85% of all consumer buying, own 65% of all mutual savings accounts, and have secured, in the four decades since they won their hard-fought war for independence, social, political, economic and physical freedom.

Back in the pre-Civil War days, a Miss with a pay check was a rarity. Abject poverty was her only excuse for venturing out of the home and into business life. But when Johnny Reb and his Yankee counterpart marched off to war, northern ladies and southern belles alike came to the rescue in under-staffed schools, offices,

*From a release by the National Board of the Young Women's Christian Association.

hospitals, and factories. They were rewarded with displacement and sent back to kitchen and kiddies at the war's end . . . but they didn't stay down long!

With the introduction of the typewriter and telephone in business offices, demand for women workers grew. By the beginning of the 20th Century, there were more female clerical employees, nurses, telephone operators, teachers, waitresses, than ever before.

Although employers at first balked because many girls quit to marry after careful job-training (one boss even advertised for a gal who'd sign a contract promising never to marry!), they soon adjusted to the inevitable fact, and looked to the ever growing ranks of job-hunters in skirts.

It was also in the early 1900's that men—in addition to complainingly accepting the weaker sex as business associates—had to endure female drivers, smokers, voters, politicians . . . even basketball players! Yes, the gals entered competitive athletics, bloomers and all!

The last frontier on the road to equality was crossed during World War II years, when women went to work in shipyards and machine shops, drove trucks and taxis, joined the military and received wages comparable to men's.

Today's woman, with the traditional responsibilities of the home, and often those of business as well, seeks the varied and enriching community activities her grandmother rarely had.

According to the Young Women's Christian Association, our women marry earlier, have more children than they did years ago, and frequently make their homes in newly developed areas. Isolated from ties and friendships of girlhood, they need some recreation and opportunity to think and plan with others in order to have the strength and calm which life today requires.

In the coming years, growing numbers of women will be wage-earning at part-time jobs, two or more jobs, and first jobs. Teenagers and mothers returning to the work-a-day world after rearing children will make up a large part of this group.

More and more people will be moving to new locales and jobs; long established

ways of life and customs will change. The YWCA's program of varied health, recreation, cultural and social activities is geared to the times, and to expressed interests of girls and young women. Public affairs and world service projects help them extend their influence in the community and the world.

Far from having their outside-the-home inclinations suppressed, as was the case a century ago, today's women are being encouraged to pioneer in new fields. Their talents in the once men's spheres of science, medicine and law are being increasingly recognized and put to use by government, industry and educational institutions.

Nothing but the limitations of her own energy and ambition can prevent Mrs. 20th Century from proving a woman's place is everywhere!

Eds. note. At press time some 1600 communities throughout the United States are observing National Y. W. C. A. Week. Because this association offers health and recreation programs and opportunities for cultural, mental and spiritual growth through classes, clubs and other activities, to American women of all ages, we believe publication of this article in our journal is appropriate.

Where Do Smiles Go?

A smile is quite a funny thing,
It wrinkles up your face,
And when it's gone you'll never find
Its secret hiding place.
But far more wonderful it is
To see what smiles can do:
You smile at one, he smiles at you,
And so one smile makes two!
He smiles at someone, since you smiled
And then that one smiles back,
And that one smiles, until in truth,
You fail in keeping track,
And since a smile can do great good,
By cheering hearts of care,
Let's smile and smile and not forget
That smiles go everywhere.

AUTHOR UNKNOWN
(Title is our own)

Reverse Swallowing

Joan Keisel, C. D. A.

What is Reverse Swallowing?? Something new? What does it have to do with Dentistry? How much should you and I, as a dental assistant, know about it??

Here, briefly, are a few facts on this very interesting subject: Abnormal Deglutition, known recently by the term "Reverse Swallow" and formerly as "Tongue Thrusting," is coming to the forefront today as a real dental problem.

Dr. Walter J. Straub, an Orthodontist in San Mateo, California, has been studying the problem for several years and has established many facts, including the probable etiology of the condition.* Dr. Straub's conclusion: "The abnormal swallowing habit seems to be the direct result of improper bottle feeding." Dr. Straub says "seems to be" because there is still much research to be done in this field, but the evidence of cases studied and treated shows rather overwhelmingly that the condition comes from the fact that all baby bottle nipples on the market today are too long, improperly shaped and cause the milk to flow too quickly and easily. This does not give the baby a chance to suck as he normally would if breast fed and the result is, that he not only does not develop the facial muscles properly, but an abnormal swallow evolves due to his fighting strangulation from the too ready flow of milk from the nipple.

The problem of "tongue thrusting" is not a new one. Dentists have been aware of it for many years, but the true nature and cause of the condition, and a correction for it, have come only very recently—through the efforts of Dr. Straub.

What are the results of tongue thrusting on the dentition? They are very evident on close observation, and often may be detected at first glance. Reverse swallowing results in facial deformity and malocclusion. The pressure of the tongue during years of abnormal swallowing forces the anterior teeth into protrusion, opens the bite, and causes the chin to be retarded. Often they are "mouth breathers" and there is a typical facial movement during the swallow. There is a grimace in which the mouth puckers and the face wrinkles and often there is a tendency to jerk the head forward at the beginning of the swallow. The tongue exerts 6 pounds of pressure against the teeth during the swallow, and the average person swallows nearly 2000 times daily. This constant force against the anterior teeth over a period of time would naturally cause a severe protrusion and malocclusion. Many of these cases show up in the Orthodontist's office at around 11 to 12 years of age. A recent survey showed about 84% of all patients coming to the Orthodontists had abnormal swallowing habits. The Orthodontist may band the teeth and correct their position, but when the appliances are removed the tongue will force the teeth forward again. This is a desperate problem for the Orthodontist. How can he ever "finish" the case?

**Malfunction of the Tongue*, Walter J. Straub, D.D.S., *American Journal of Orthodontics*, vol. 46, June, 1960, pp. 4040424.

He can't—until the Reverse Swallowing condition is corrected. And how is this "vicious habit," as one Dentist described it, corrected? Dr. Straub worked for some time developing a workable therapy for the condition.

Mr. R. H. Barrett, speech pathologist from Tucson, Arizona, studied quite extensively with Dr. Straub and is now conducting a very successful practice in Tucson correcting this problem in the children of that city. Orthodontists, realizing the great problem, have sent speech therapists to Tucson to study with Mr. Barrett and thus carry the therapy to other parts of the country.

Mr. Barrett's therapy is entirely a matter of re-training the tongue muscles to follow a new pattern for the swallow. The act of swallowing is an intricate process, involving 21 different muscles coordinated in split-second precision. The therapy program endeavors to establish this new process.

The therapy can usually be completed in 6 to 7 half hour sessions, along with diligent home practice of the exercises taught and the close cooperation of the parent. In a large percentage of cases this type of therapy will permanently correct the condition of the abnormal swallow.

Complete success in this therapy cannot

be obtained unless the patient has been thoroughly educated to the awareness of his problem; what it is doing to him physiologically and esthetically, and he has the will and wish to work at its correction. He also must have a very patient and cooperative parent.

Now what is the role of the Dental Assistant? This writer believes that Dental Assistants should read and make a study of all material available on this subject. They should be alert and observant and able to recognize the Reverse Swallow. When the Dentist diagnoses a case of Reverse Swallow in a child it necessarily involves much time on his part (often as much as 25 to 30 minutes) to explain the problem to the parent and child. This could fall into the category of Dental Health Instruction and become part of the assistant's duties. The well-informed Dental Assistant with a thorough knowledge and understanding of the condition of Reverse Swallowing could give an adequate explanation of the cause and importance, with description of the mechanics of the therapy, so that both Johnny and his mother will know what to expect. This will mean saving the Dentist valuable chair time. For the Assistant—it provides another opportunity to continue her *education* and indicate her *loyalty* to the profession through increased *efficiency* in her service.

From Our Idea File

Lucille Horton

We are quite enthusiastic about the discovery of a little device which actually saves us money in the treatment room, and I am anxious to pass it along to other dental assistants.

It is a small glass dish, approximately 2 inches in diameter, normally used under the legs of furniture as a floor saver. We have named it "tray cover saver" as it does just that when liquids are being used in an operation.

It has a raised center which fits exactly into the under impression of a dappen dish and the outer ring takes care of the overflow. This prevents the spilling over of liquids, which can soak two or three tray covers. Thus, this "ounce of prevention" eliminates the necessity of removing more than one cover after each operation and will save dollars over a period of time.

These "tray cover savers" come in sets of four and can usually be purchased at local "five and dime" stores.

Disaster Medicine

Myra J. Petrie, C.D.A.

The title Disaster Medicine comes from a current movement being made by the Department of Civil Defense at local, state and national levels. As the name implies, it means the care of patients in times of extreme emergency, particularly in case of nuclear attack.

Everyone of us engages in hopeful thinking that such a thing could never become a reality but we must face the shocking possibility of just such a tragedy befalling us. The various media of communication inform us daily of prevailing worldwide tensions and it is common knowledge that nuclear weapons are not confined to the United States and Russia but are now being reportedly tested by a number of smaller countries. Will the United Nations be successful in deciding that such nuclear warfare would be inhuman and irresponsible and therefore should be outlawed; or is there a slight possibility that we will be touched by nuclear tragedy?

Sessions are being devoted to this subject in various parts of our country and this report comes from the annual scientific session of the Allegheny County Medical Society in Pittsburgh, Pennsylvania.

It is reported that Russia has not taken the possibility of nuclear warfare as lightly as we have, this by virtue of the fact that Russia today has compulsory training rela-

tive to Civil Defense. The Russian people are told that preparedness is imperative and their people are taught measures of protection and care in order to insure a higher percentage of survival. When a known adversary takes such precautions does it not seem reasonable that we should do likewise?

The burden of patient care will, of course, fall to the medical profession and this immediately includes all allied health services and their auxiliaries. In many states the dental assistants associations are cooperating with the state civil defense movement. Perhaps a civil defense chairman should be appointed in all of our local component societies to insure that some activity in this respect is maintained.

The most important lesson stressed by civil defense experts is that of correct habits. Habits, we realize, are the repetition of a certain act until it is done almost unconsciously. The word *habits* can be used, therefore, as our byword and it can be interpreted to mean essential life saving procedures.¹

H—stands for HEMORRHAGE. More people lose their lives following an accident due to hemorrhage than any other single factor. Realizing this, a thorough knowledge of hemorrhage control must be included in our studies. Pressure points should be studied and practiced and rehearsed until they become habitual.

A—stands for AIRWAYS. Following an accident the establishment of a proper airway becomes equally important to that of stopping hemorrhage, since in both cases action must be swift and intelligent. Demonstrations on how to de-

Bibliography:

¹ "Civil Defense Today and Tomorrow" by the Honorable Leo A. Hoegh, Director, Executive Office of the President, Office of Civil and Defense Mobilization, speaker at the Allegheny County Medical Society annual scientific session January 17, 1961.

termine if air is reaching the lungs, and what to do to establish a proper airway, are also essential.

B—stands for BREATHING. In some instances breathing itself has stopped and immediate resuscitation procedures must be instituted. One method of resuscitation is not enough in disaster medicine. All methods should become part of a dental assistant's education.

I—stands for INJURY. Injuries of the chest and jaws are of a special nature which often lead to a fatality. Chest injuries take many lives as often the lungs are pierced. A knowledge of how to deal with this type of injury until qualified personnel arrive is a life saving procedure. A similar situation involves injury to the jaws and face. Such an injury often obstructs the air passages and leads to suffocation. The dental assistant, by her knowledge of dental and facial anatomy, should be particularly qualified in handling such a situation and would certainly be expected to.

T—stands for TRANSPORTATION. The preparation of a patient for movement is an important follow-up following the previously mentioned emergency measures. In any case all the good that has been done in controlling HEMORRHAGE, establishing AIRWAYS, and inducing BREATHING is often undone by the improper preparation of a patient for TRANSPORTATION. A thorough knowledge of placing splints to the extremities and to the torso itself is important. The placement of the head and the general position of the patient should be studied in order not to undo any previously administered procedures.

S—stands for SPECIAL DRESSINGS. In case of nuclear warfare, burns from explosives are quite prevalent. It is estimated that such injuries will require the hands of many qualified auxiliaries if the number of fatalities is to be kept as low as possible. The application of dressings and their maintenance should become the essential obligation of the dental assistant.

Of course, the thorough practice of *habits* is the specialized activity of health personnel. It is also essential that this specialized activity be fitted into the total perspective of community civil defense. Such a perspective includes a familiarity of the warning signals and the ability to recognize them immediately; a working knowledge and understanding of the community civil defense plan along with appropriate rehearsals, is equally important.

One test to indicate our individual preparedness would be to ask ourselves, when we hear the present Conelrad tone on the radio or television, "What should I be doing this instance if this were real?" If we cannot answer this question, it is an indication that we have an important obligation to fulfill. Answers to this and similar questions can be obtained through appropriate agencies in the community today but they should be a part of each dental assistant organization as common information. As auxiliaries of an important health profession we should never find ourselves in the embarrassing position of having to ask questions relative to our responsibilities in civil defense; we should be in the position of intelligently answering them. These are the immediate challenges for local society civil defense chairmen and their committees.

The above outline will be of academic value only if we do not follow its obvious implication, this is, making it a *habit*. We are currently being asked, "What can you do for your country?" and in many cases we sit back waiting to be told. Let us support our country and ourselves by taking seriously the message of learning and practicing life saving. Let us show tangible proof of this by including five or ten minute talks at each of our monthly meetings. Let us invite a greater number of civil defense experts to our meetings, not to tell us how important the need for civil defense is, but to show us the many life saving procedures that we are capable of doing. What can we do for our country as part of the health professional team? We certainly can do no less than learn civil defense measures during the critical need of our United States.

Patient Education to the Need For Preventive Dentistry Is Important

Herbert F. Heaton, D.D.S.

One of the greatest needs facing the dental profession today is the education of the public to preventive dental care. The public needs to be taught the reasons for seeking early dental care, the danger and ultimate cost of neglected dental disease, and the value and economic savings in regular dental care.

Those who have been regular patients all their lives too often do not understand the why and wherefore of dental treatment. According to some surveys, only about forty percent of the general public seek anything but emergency treatment. Prior to World War II this percentage was only about twenty percent of the general public.

This increase is generally attributed to education of the service man to the ultimate value, in physical well being and appearance, of the dental treatment he received—often against his will. Consequently, he sought to maintain dental health after discharge from the service, and to see that his family also received dental treatment.

The dental assistant has a most wonderful opportunity for service in the field of public education in dental health. Her direct relationship with the patient affords this opportunity at a time when the patient is most receptive to the idea of preventive dentistry. Even with all the modern advances in dentistry, a trip to the dentist is still something to which the average person looks forward with anything but pleasure. The average person tends to forget his teeth except at such times as he may receive a call from his dentist, or he is required to seek the services of his dentist in an emergency. At this time the dental assistant sees the patient, and it is at this time that the patient is most interested in "not having this happen again." Consequently he is most receptive to any and all suggestions in the field of preventive dentistry.

The greatest opportunity here is with the parent who is bringing his child for repeated appointments for restorative dentistry as the result of dental caries. Dental decay is a disease of childhood and of

teenage, and therefore the utmost effort should be made to educate the parent, and thereby the child, in preventive dentistry.

The dental assistant's opportunities for education in preventive dentistry are many. At the time of the first appointment the assistant generally has a few minutes for a general orientation before the dentist arrives in the room. She has an opportunity to explain to the child what the dentist does in restoring teeth, why it must be done, and how it will make him healthier and happier.

At the end of the first appointment another opportunity arises after the dentist has explained, charted, perhaps cleaned the teeth, and made the necessary estimate as to time, fees, etc. It is at this point that the parent is most determined to do all possible to prevent such recurrence, as he considers not only the child's welfare, but also the time and money involved.

Too often the dentist finds himself too rushed to give the necessary time for proper preventive education. This task is then delegated to the assistant. In the period of time when the assistant is perhaps giving the child patient a new toothbrush, following the prophylaxis by the dentist, the opportunity to demonstrate and teach tooth brushing techniques naturally arises. A question asked all too frequently by the parent is "When should my child start brushing his teeth?" The answer, of course, is "As soon as he has teeth." A further point to be emphasized with the parent is the need for parental supervision, and usually actual brushing by the parent up to and including the early teens. The teenager usually begins to take an interest in his appearance, and to make a better attempt at proper brushing.

A further point which should be emphasized is when to brush. For years people have been taught to brush their teeth every morning and every night. Usually this was done before breakfast and immediately before retiring at night. Studies now show that the decay process takes place during the first hour and a half after eating. Therefore, the morning and night brushing did little good in preventing tooth decay. It becomes necessary to try to re-educate the public to brush after eating in order to

reduce the incidence of decay. This is in contradiction to the TV commercials which say that the busy person can't brush after every meal. At least we can try to get them to brush after each meal for their own good.

If tooth decay is extensive or rampant it will no doubt lead to a discussion of diet. The most common remark from the parent is, "I just can't understand this. Johnny always drinks his milk." Naturally the milk and all other foods are necessary for proper development and color of the teeth and are essential to the health of the gingiva and surrounding tissues. However, it is necessary to impress upon the parent that dental decay is caused by what we *do* eat—not by what we *don't* eat. In order to explain this to parents it is essential to first explain what causes tooth decay. This should be done briefly and in as simple language as possible. Avoid using highly technical terms whenever possible. This explanation might be followed by a list of some of the foods which are most cariogenic and why.

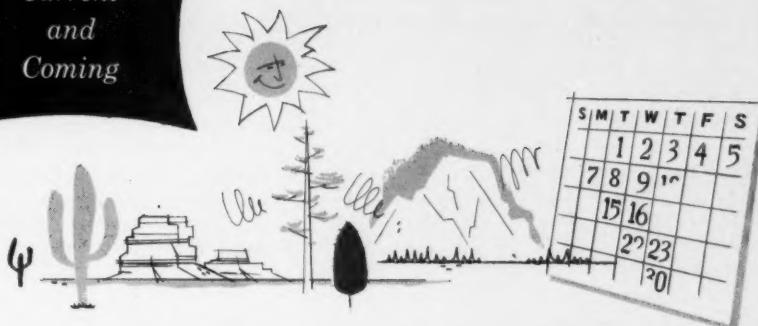
Another very common statement from the parent is: "But Johnny eats very little candy." The parent must be made to realize that candy is not the sole offender in causing tooth decay and that many of our more common daily foods are the real culprits. The foods to be avoided, or to be brushed or rinsed from the mouth as soon as possible, are those with a high sugar content or a starch content which converts readily to sugar. A good way to impress this fact upon the parent is to check a diet list and quote to the parent certain foods and their equivalent in teaspoons of sugar. Also point out those foods which tend to stick to, or in, crevices of the teeth.

Occasionally it is possible to get the parent to keep a two-week diet list of all foods eaten. When this is done, the parent readily recognizes errors in the diet himself, but a follow-up with diet discussion is advisable.

These are just a few of the ways in which the dental assistant can aid in public education, and she will be performing a much needed service to the public and to the profession which she represents.

506 East John Street
Champaign, Illinois

Current
and
Coming



Discussions Regarding Certification & Recertification of Dental Assistants*

COUNCIL ON DENTAL EDUCATION

Since the House of Delegates of the Association approved certification requirements for dental assistants at the 1960 annual session, the Council on Dental Education and the Certifying Board of the American Dental Assistants Association have received numerous questions from dentists and dental assistants relating to the newly approved requirements. On the basis of questions being asked by dental assistants in particular, it is evident that complete details of the joint program of certification have not yet been widely disseminated. Part of the confusion and misunderstanding of the operations of the newly approved Board stem from the fact that since 1948, the American Dental Assistants Association has conducted a national certification program of its own through an agency

known as the American Dental Assistants—Certification Board.

Representatives of the Council on Dental Education and of the American Dental Assistants Association have always worked closely in matters pertaining to the certification of dental assistants. The Council on Dental Education was instrumental in the last several years in providing advice and counsel to officers and members of the former Board. Council representatives and Board representatives of the American Dental Assistants Association Board of Trustees and Certification Board, in fact, jointly planned and developed the national certification program approved by the House of Delegates in October of 1960.

The newly approved Certifying Board was empowered to issue new certificates to all previously certified dental assistants who were certified by the American Dental Assistants Certification Board. As of October 1960, more than 7,000 dental assistants held certificates granted by this

*Released by the Council on Dental Education American Dental Association for information to the profession and published in the *J. A. D. A.*, Vol. 62, No. 5, May, 1961, pp. 609 to 613.

Board. Some of the questions being received currently by the Board relate directly to the status of the certificate under the authority of the newly created Board.

The newly approved requirements also specify that certificates granted by the Certifying Board be renewed annually as evidence of a continuing development of competence and skill in dental assisting. Certified Dental Assistants are expected to present evidence that they are continuing their education in dental assisting and are identifying themselves with local, state and national activities of the American Dental Assistants Association. Annual renewal of the Certified Dental Assistant's certificate is a new feature of the recently approved national certification program and, as such, has currently produced a number of questions to the Board which are explained in detail below.

The statements which follow have been prepared by the staff and chairman of the Certifying Board of the American Dental Assistants Association and represent an effort to provide information to the dental profession and to members of the American Dental Assistants Association regarding several features of the new national certification program. The following series of questions appears to be typical of those which recently have been directed to the Council, the Board of Trustees of the American Dental Assistants Association and to the Certifying Board.

QUESTIONS

Questions presented to the American Dental Assistants Association Board of Trustees by District Trustees and members of the Association, as answered by the Certifying Board of the American Dental Assistants Association follow:

1. Since many dentists still prefer to train their own assistants, why should the newly certified member, as well as those certified for some time, be encouraged to apply for recertification?

Answer • It is felt that the demands upon the practicing dentist are expanding so rapidly and are so great that he no longer has time to train assistants in the office and would not do so if well qualified personnel were

available. The new trend in dental schools is to train dental students to work efficiently with assistants. As these students graduate and go into practice they will, if possible, employ qualified assistants. A current certificate will serve as proof that the assistant seeking employment is competent in basic procedures. For the assistant who retains her employment over a long period of time, the certificate affords prestige to herself as well as to the dental office where she is employed.

2. Is there some way the American Dental Association Council on Dental Education could stress the advantage to dentists of employing Certified Dental Assistants? This would encourage the dental assistant to keep her certificate renewed.

Answer • The Council on Dental Education began more than five years ago to inform the members of the American Dental Association of the programs of education and certification for dental assistants which were at that time being carried out completely by our own Association. Through articles and reports published in the *JOURNAL OF THE AMERICAN DENTAL ASSOCIATION*, the dental profession has been informed of the activities of the Council in relation to the development of programs of education and certification for dental assistants. The workshops and conferences that were conducted in preparation for these programs were also reported to the American Dental Association, and every effort has been made to stress the advantages of such programs for dental assistants and the important role the well qualified assistant would play in the future practice of dentistry. The pilot programs in several schools were conducted for the purpose of establishing some standard of requirements for well qualified assistants, and these programs were evaluated and reports given to the American Dental Association. The action by the House of Delegates of the American Dental Association at the annual meeting in Los Angeles in 1960, where both the education and certification programs were given full approval, would indicate that the profession is aware of the benefits and advantages of a standardized educational program for dental assistants. Representatives from the Council on Dental Education have given us assurance that they plan to continue to publicize our program, to keep the dental profession informed as to its progress, and hence, create a greater demand for the certified dental assistant. Without the invaluable cooperation and assistance of the Council, our program would not have received the official approval of the American Dental Association, which for many years has been the aim and desire of the American Dental Assistants Association.

3. It would seem that the annual renewal of certificates demands more of dental assistants than is demanded in other fields. What

can be done for the assistant who is not in a financial position, or cannot have time off, to attend meetings which is now required in the Council's questionnaire for renewal?

Answer • The application form that will be used for renewal will not be prepared by the Council on Dental Education. It is not the American Dental Association's or the Council's questionnaire. It will be prepared by the Committee on Education of the American Dental Assistants Association and the Certifying Board as a joint project. There will be many areas listed on the form, but it will not be required that all areas be completed to qualify for renewal. The many areas are listed to give the assistant a broad range of opportunities to retain her certification. It is expected that few will be able to qualify in all areas listed. Many will qualify for renewal simply through reading educational material as the only means of meeting the renewal requirements. We realize that many reasons exist why dental assistants cannot attend meetings or clinics or hold office in the organizations. We are trying to plan a very flexible renewal program that will be within reach of all who are interested in self improvement and in continuing as well qualified members of the dental health team. We are striving to become a professional group whose members have a standard of qualifications that will be recognized by all the health services.

4. If a certified dental assistant who has had formal education and has been employed finds it necessary to leave her employment because of illness in her home, her own illness or other reasons, how may she keep her certificate renewed if she does not qualify for active membership? When she returns to her employment after several years, how can she renew her certificate? Would she be expected to take additional schooling, examinations, and so on? Will there be some method of keeping her file so her status would not be lost?

Answer • Annual renewal of the new certificate is required under the new program, no matter what kind of education the holder has had. If the holder of such a certificate chooses to leave her employment for any reason, and thus disqualifies herself from active membership, she may still keep her certificate renewed by becoming an associate member during her unemployment. To renew her certificate, any kind of membership will meet the membership requirement — be it life, independent, active or affiliate. The member, of course, will also have to meet the renewal requirement of continued education which is explained in question 3.

However, if a holder of a new certificate fails to renew her certificate, and after a lapse of several years wishes to renew it, she will have to have membership and take some kind of modified examination.

The files in our central office are permanent. Once an assistant comes under the certification program, her name is retained in the files. If she is inactive, after a period of time it may be moved to the inactive file, but it is never destroyed. This is true of the American Dental Assistants—Certification Board files also. They will be retained by the Certifying Board.

5. Does the Council on Dental Education's approval preclude the dental assistants from making decisions affecting certification without the Council's approval?

Answer • This is a difficult question to answer. Yes and no. There would be no real meaning to a program approved by the American Dental Association that was not conducted under some set of rules and regulations. The American Dental Association requirements for an approved certification program have been published in *THE JOURNAL OF THE AMERICAN DENTAL ASSOCIATION* as well as in the *American Dental Assistants Association Journal*. If you will refer to the July-August, 1960 issue of the *American Dental Assistants Association Journal*, you will find the "Requirements" published as presented to the American Dental Association House of Delegates and approved by that body at its 1960 annual meeting.

You will find these Requirements to be very flexible and that they allow the Certifying Board the privilege of establishing its own rules and regulations. The Certifying Board furnishes the Council on Dental Education copies of all reports made to the American Dental Assistants Association Board of Trustees and the House of Delegates. Please be assured that the Council is not interested in taking over our program and running it for us. They have made suggestions when consulted, but have not dictated in any manner whatsoever. This program has been developed by the Certifying Board, with the full knowledge of the Board of Trustees of the American Dental Assistants Association, along the lines suggested by the American Dental Association Council. We have made alterations and substitutions in the program where we felt it was to the best interest of the membership of the American Dental Assistants Association in developing a long-range program of certification that would have some meaning and be acceptable to the entire dental profession.

6. Who will evaluate the attendance at meetings or determine the educational value of lectures and clinics? What is the method of evaluating, a percentage or class distinction? Would a low rating mean one could not renew her certificate?

Answer • The Committee on Education of the American Dental Assistants Association and the Certifying Board will evaluate the applications for renewal. These same agencies

for the past 13 years have been setting the standards for the educational programs for dental assistants. In more recent years, advisers or consultants from the dental assistants organization and from the educational field have been utilized in preparing these programs and standards. In the future, more advisers will be employed to assist these agencies in setting the standards which will be developed from information secured through the questionnaires sent to holders of the American Dental Assistants—Certification Board certificates, and those used in the renewal program. These surveys will be evaluated and a system of points or credits will be established in the future which will be utilized in scoring applications. This system will not be employed immediately. It will take time to establish a standard that will be fair to all.

It is expected that a point or credit system will be employed to use as a basis for renewal. There will certainly not be a class distinction. However, it is not intended that everyone who applies will qualify for renewal. If so, there would be no meaning to the program.

7. Will original certificates be recalled if not renewed?

Answer • No. All certificates issued by the American Dental Assistants—Certification Board were issued for life and cannot be recalled by the present Board.

8. Is there a given time in which to renew our present certificates?

Answer • Yes. This phase of the program is known as "recertification" and will continue until December 31, 1962.

9. Why is the recertification fee \$5.00? How is this fee to be used?

Answer • The recertification fee of \$5.00 will be used to defray the expenses of the new program. The Certifying Board estimated that the number of applicants under this phase of the program would be between 2,000 and 2,500 the first year. This is approximately one third of the number of dental assistants who hold certificates issued by the American Dental Assistants—Certification Board. The Board was obligated to inform these dental assistants of the opportunity to come under the new program. Seven thousand, eighteen letters and applications were sent out and to date many of them have been returned because of incorrect addresses, and so on. Further efforts will be made to contact these persons. In addition to this expense, there is printing, postage and labor for the new certificates and new files, and a new roster must be set up.

10. Why is the annual renewal fee \$2.00? Most registered nurses do not pay a renewal fee of that amount. How is it to be used?

Answer • The annual renewal fee of \$2.00

will be used to promote the continuing educational program as outlined in the "Requirements." This program is being developed jointly with the Education Committee of the American Dental Assistants Association and will be promoted and financed with funds received by this Board from the renewal fee. This is a long range program and is still in the planning stages. The details will be published as soon as formulated.

Comparison with the renewal program for registered nurses is not a good parallel. Nurses are renewing a state license, which has legal status. These requirements vary from state to state. According to all reports, the long range plans for most licensing boards seem to favor periodic examinations for renewal of licenses. A license is required for a nurse according to the laws of the state wherein she is employed. This is necessary, for nurses often work directly with the public. If she moves to another state she must take another examination and be licensed in that state.

A certificate is not required for a dental assistant to be employed, but is required if she announces herself as a Certified Dental Assistant. This is a matter of personal choice on her part as well as that of her employer. This certificate is recognized in all states and does not have to be renewed just because she moves to another state. A dentist is not and will not be required to employ certified assistants. We hope the program will provide well qualified assistants, and that the profession will prefer to employ only certified assistants.

Dental assistants are not licensed for they do not work directly with the public but must at all times work with, and under, the direct supervision of a dentist.

11. How can the previous certificate numbers be legally discarded, as they were purportedly for competence and the members led to believe were educational advancement and would be honored for all time professionally?

Answer • The American Dental Assistants—Certification Board certificates have not been discarded. The certificate numbers have not been discarded. Nothing tangible has happened to the American Dental Assistants—Certification Board certificates. Nothing will happen to them. As time goes by the numbers will have no meaning except to the holders of such certificates.

The American Dental Assistants—Certification Board certificate implies that the holder was competent at the date of issue. How much meaning does that certificate have for the assistant who has been inactive for two years, five years or longer? Dentistry is progressing so rapidly that unless the dental assistant keeps up with the progress, she will not be of much value to the profession. Suppose a dental assistant was certified in 1953 and had not been employed since that time and decided to go back to work now. Would she truly be a well qualified assistant now? No, but her certificate

indicates she is. She might secure employment on the basis of being certified, but would her employer find she was really competent today? No, for many changes have occurred since 1953. We want our certificates to indicate to the profession and to all who observe them that we are well qualified, up to date, and deserving of the rating of Certified Dental Assistant.

12. Will it be possible to show the original certificate number after each name when the new roster is published?

Answer • The certificate number on both certificates is an identification number only and has no significance other than the order in which applications are received by this Board. This Board had no way of determining how many holders of the American Dental Assistants—Certification Board certificate would wish to have their certification recognized by the new American Dental Association-approved Board. There would be too many dead numbers if the same numbers were used on the new certificates. Under the new program, the directors of the Certifying Board and the chairman of the Education Committee were automatically recertified and certificates issued as follows: Certifying Board, American Dental Assistants Association, chairman, no. 1; vice-chairman, no. 2; secretary-treasurer, no. 3; the remaining directors, numbers listed alphabetically through no. 7; chairman of Education Committee, no. 8. There were approximately 300 dental assistants who, having passed the October, 1960 examination, were waiting for certificates; these were issued next, alphabetically by states and surnames. Then, the recertification applicants were issued certificates as received in our central office. When several were received in the same mail, the alphabetical listing was followed.

Names are entered on the roster according to identification number. The American Dental Assistants—Certification Board number will not appear on the roster of the Certifying Board, American Dental Assistants Association. We only asked for the original certificate number for identification purposes. There may be several certified assistants with the same name. Therefore, the number is positive identification of the person applying for the new certificate. The roster of the American Dental Assistants—Certification Board will not be destroyed. It will be retained by the present Board permanently. The number appearing on the roster in the future will be that shown on the certificates issued by the present Board.

SUMMARY

The Certifying Board feels that the approved program as outlined is a good long-range program. We realize that there is and will be some opposition from the presently certified

dental assistants. We do not feel that the program would be too sound if everyone accepted it without question. This is expected of any new program. However, there is not much that is really new in the program. It was not accepted on the spur of the moment. Annual renewal was considered by this Board at least five years ago and postponed, to be included in the program that would be presented to the American Dental Association for approval. The American Dental Association approval is not new either. This has been carefully and jointly planned for more than ten years and was not accepted without consideration of the impact on the American Dental Assistants—Certification Board membership.

Certification is not compulsory. The American Dental Assistants—Certification Board certified assistant will lose nothing if she does not choose to take advantage of the opportunity to come under the American Dental Association approved certification program. The program will be accepted by the future dental assistants. They will be educated regarding the program and will expect to meet the requirements of the Certifying Board. The American Dental Assistants—Certification Board program, conducted solely by dental assistants, for dental assistants, was accepted—certainly not without questions and protests as changes were made. Is it not reasonable to expect that the membership will accept a program which is conducted under the purview of the American Dental Association, even with its new requirements? This is progress and we must all accept changes if we expect to progress.

We hope that through continued publicity, wherein the program is explained again and again to the membership, it will be accepted by the membership of the American Dental Assistants Association and that we will all benefit from the education and certification programs now being developed.

*Edna Zedaker, Chairman
Certifying Board of the
American Dental Assistants Association*

You save more than money



with U.S. Savings Bonds



Call to Convention

Myra J. Petrie*

The Publicity Committee's "Convention Warm-up," which appeared in the March-April issue of our journal, seems to have set many dental assistants' hearts afire. Many letters and even 'phone calls, indicating that the thrill of anticipation of a big event is being felt by many, are being received.

Many committees are reporting the arrangements they have made, and in view of the interest and enthusiasm that seems to exist it will be difficult to keep reporting these exciting events in their proper sequence. Your Publicity Committee wants to report everything right now, and if we repeat a few items in subsequent issues of the journal do please understand.

The Pennsylvania girls are busy devis-

ing ways and means to make your visit a most memorable one. You will be surprised by the many things in store for you and you will actually find it difficult to decide what you should see, where you should go and what you should participate in before it is all over.

Remember we suggested that you mark off several extra days in that appointment book. Believe me, you will need every possible extra hour.

You will note the greetings from the national, state and local officers and realize that "Call to Convention" is officially with us. Be sure to make this meeting a must. Why not include it as part of your vacation time? What about taking only part of your vacation during the summer months and save the best for the Philadelphia meeting?

The next issue of the journal will be
(Continued on page 39)

*Chairman, Convention
Publicity Committee

application for housing accommodations

102nd Annual Session, American Dental Association
October 16-19, 1961—Philadelphia

- Reservation requests for housing accommodations should be made by completing this application and mailing it to A.D.A. Housing Bureau, P.O. Box 5440, Chicago 7.
- *Make your reservation now!* Assignments will be made in order received.
- Scientific session and exhibits will be held in the Convention Hall. Meetings of the House of Delegates will be in the Sheraton Hotel.
- Indicate the date you will arrive in Philadelphia and check the form of transportation you will use as well as the departure time.
- Reservations will be held only until 6 p.m. of the day of arrival unless specific arrangements are made with the hotel or motel.
- If rooms listed are not available, an assignment will be made, whenever possible, to a hotel or motel in the same area.

American Dental Association Housing Bureau, P. O. Box 5440, Chicago 7

PLEASE PRINT OR TYPE

Name of applicant _____

STREET ADDRESS _____ CITY _____ ZONE _____ STATE _____

Date Arriving _____ via Auto Plane Train Date Leaving _____

accommodations

Hotel _____ Hotel _____

FIRST CHOICE

FOURTH CHOICE

Hotel _____ Motel _____

SECOND CHOICE

FIRST CHOICE

Hotel _____ Motel _____

THIRD CHOICE

SECOND CHOICE

Single occupancy, rate to range from \$_____ to \$_____ per day.
 Double occupancy, twin beds, rate to range from \$_____ to \$_____ per day. } (2 names
 Double occupancy, double bed, rate to range from \$_____ to \$_____ per day. } must be
 Suite of _____ ROOMS, including parlor, rate to range from \$_____ to \$_____ per day. } listed below

Rooms will be occupied by:

NAME _____ ADDRESS _____ CITY _____ STATE _____

NAME _____ ADDRESS _____ CITY _____ STATE _____



filled with more details about the activities and events. This, we hope, will whet your appetite for things to come and permit you to do some preliminary planning.

It was good hearing from many of you and we are happy to know that you are talking this up at all of your local societies to help us make the 37th Annual Session in Philadelphia the biggest and best.

**Greetings—
From The President
Of The Pennsylvania
Dental Assistants
Association**

Although you may be deep in your vacation plans for the summer, it is time to stop and begin plans to attend the Thirty-seventh Annual Meeting in Philadelphia in October.

It is indeed an honor, on behalf of the members of the Pennsylvania Dental Assistants Association, to extend you a very cordial invitation to participate in this great event.

The members of the arrangements committees are working untiringly toward making this visit to the site of our historical heritage an experience long to be remembered.

Many interesting sights await you in the City of Brotherly Love. Do plan to come!

MARGIE BAERNCOFF

You will be interested in knowing that your Publicity Committee spans the entire state of Pennsylvania. Your Chairman is located near Pittsburgh in the West, your co-chairmen, Gerry Abelson and Nancy Hungate, are right on the spot in Philadelphia. This provides us with a perspective that we hope will tell all and miss nothing. Please write or call any of us.

**Official Call To The
37th Annual ADAA Session**

Notice is hereby given to all members that the Thirty-seventh Annual Session of the American Dental Assistants Association will convene in Philadelphia, Pennsylvania, October 16-19, 1961. Official headquarters, the Benjamin Franklin Hotel. The Board of Trustees will begin its three-day pre-convention meeting on Friday, October 13 at 9:30 a.m. The General Session will be held Monday, October 16 at 10 a.m. The first House of Delegates meeting will be held Monday, October 16 at 2 p.m. All affiliated societies will file the names of their delegates and alternates as requested by the Executive Secretary. Each member must present her 1961 Membership Card to register at the meeting.

LOIS KRYGER, President
ALICE EDER, Secretary



**Greetings From Jakey
and Sarah**

Vell here ve are again once. Cust like ve promised youse. Our talk ain't so for fanciness. Vhen people listen once they think ve don't know English none. But at the Dutch Fair on Sunday night youse will see the wonderful goot fancy hospitality ve will gif youse, ain't so Sarah? Youse got no time to doppel sisters, if reservations youse don't haff make them once before they git all. By golly Jakey the way that editor Vi Crowley talks she must have been in these parts reared. Our brudders vill love her. She is a good looker ain't? See youse next time.

JAKEY AND SARAH

Eds. note: Who iss doppelung, for sake goodness? Naw, the Ed. ain't in those parts reared—she Texas hillbilly—y'all vill see!

*Speaking for
the A.D.A.A.*

From Our President...



LOIS KRYGER

NOW IS THE TIME

When you asked yourself, "What can I do for dental assisting?" what did you come up with? If you are a dedicated dental assistant, you began by recognizing your most important objective—to assist the dentist in every way possible in providing more dental care for more people, and then you took up the consideration of improving your skill. You realized the importance of a realistic appraisal of your present function as the first essential step, and then you took up the matter of a comprehensive qualitative analysis of your work to establish your specific objective.

Although quality is often thought to be associated with a product, there is an important element of quality in good performance. Before delving into a haphazard program of extending your duties, you should recognize the areas of your present performance that could stand some polishing. Following this self-analysis set about shaping up the duties in which you perhaps have become careless. How you accomplish this is up to you; the important thing is that you do something about it.

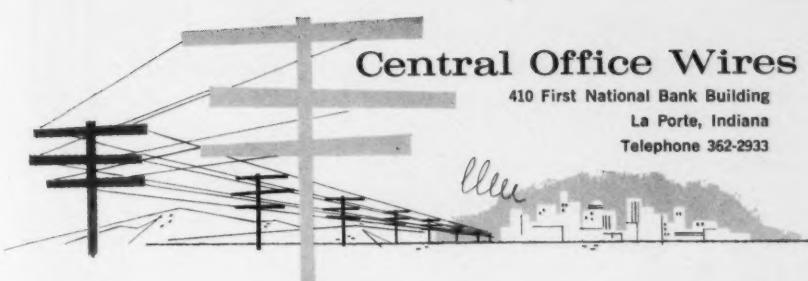
When you have become satisfied with your performance, and your dentist employer has expressed his approval, look into perfecting a new duty. This, of course, depends upon statutes, but "seek and ye shall find." If you rest upon your laurels, some other person may come along and snatch your comfortable seat while you are day-dreaming about your accomplishments. The matter of constant application is essential to success in any field.

We, as members of the American Dental Assistants Association, appreciate our obligation to expand our knowledge and ability as stated in our Code of Ethics. We recognize, also, that through organized effort our occupation will increase in value to the dental profession in direct relation to the individual performances of its members.

Yet, do we ever stop to realize how many dental assistants have not had the opportunity to appreciate and recognize these important factors because they are not members of our Association and aware of them? The answer is: About nine-tenths of the dental assistant population. Only approximately one-tenth of the total number of dental assistants in America are affiliated with the ADAA. This leaves us far short of a majority—an alarming fact which deserves serious consideration by every member of our association.

Now is the time to make a concerted effort to increase our membership to include a far larger percentage of assistants. *Now*, when we have so recently received the long awaited recognition of dentistry, *is the time to act*. If we fail to do something to change this situation, and soon, we may find ourselves in the same position as the day-dreamer mentioned above—someone else might be taking our place!

Let everyone who reads this message bring one, two, three, or more members into the fold, so that they, too, may appreciate their occupation more fully. *Now is indeed the time*—all too often tomorrow is too late!



Central Office Wires

410 First National Bank Building

La Porte, Indiana

Telephone 362-2933

Revised copies of "Sample Bylaws for Constituent Societies (House of Delegates)" were distributed recently. One copy was sent to each state secretary and two to each state president. The Presidents were asked to forward the second copy to the chairmen of bylaws committees. Should your state association use the Business Body, rather than the House of Delegates, system please request "Sample Bylaws for Constituent Societies (Business Body)" from the Central Office.

Copies of the "Sample Bylaws for Component Societies" have also been sent to each local society president. We sincerely hope this has been of assistance in bringing your "working rules" up-to-date, and that each member has a copy and is aware of the "rules."

We suggest that you include brochures of the A.D.A.A. Insurance Program in the material you use in contacting prospective members. If your society needs additional brochures, send your request for them to the Insurance Administrator, Roger W. Kelley and Associates, 1725 W. 6th Street, Los Angeles 17, California.

In planning your programs for next year's activities, remember that excellent material for local and state meetings can be obtained from the Bureau of Audiovisual Service of the American Dental Association, 222 East Superior Street, Chicago 11, Illinois. Contact them for a list of materials available for rental, loan or purchase.

To assist you further in planning your society's activities, a brochure, compiled by the A.D.A.A. Clinics, Membership and Program Committees, will be distributed in July.

May we remind each society to send the names and addresses of newly elected officers to Central Office, their District Trustee and State Officers, as promptly as possible. This information is needed to compile the "Directory of Constituent and Component Society Officers," which will be distributed in July. We are anxious to send information and assistance directly to your new officers.

The absolute *deadline date* for resolutions, to be considered by the Board of Trustees and/or the House of Delegates at the A.D.A.A. Annual Session in Philadelphia, is August 1, 1961. No resolution received after this date can be accepted. Please submit your resolution through your Trustee, and in ample time to reach this office *before* the deadline date. The *only* exception will be the resolutions resulting from A.D.A.A. Committee meetings held within the week immediately prior to the Annual Session. Please refer to *Roberts Rules of Order* (revised) for information on the proper form in which to submit resolutions.

ELMA TROUTMAN
Executive Secretary

A. D. A. A. Guidepost . . .



Building For The Future

A successful venture is one that results or terminates favorably, or as desired. We wonder if our 1961 ADAA Membership Drive, which will be ending June 30, will be a successful or disappointing venture. The answer will depend upon the performance of the present membership. Will we have faced the challenge it presents and made the most of our abilities to ensure its success, or will we be forced to admit we have failed?

Success will mean that we have all had a part in adding to the ADAA Spiral of Progress; it will mean building for the future; it will mean greater opportunities in dental assisting for more people. Are these not lofty goals that are worthy of our best efforts?

As we go into the final round of this drive, let us work just a little bit more diligently toward successful membership building.

HAVE WE ACCEPTED THE CHALLENGE?

Knowledge of the small percentage of dental assistants in America who are affiliated with our association, and the great potential we have, should certainly make every ADAA member aware of the challenge our current membership drive presents. It is a challenge to our intelligence, courage and ability. Let's face the challenge head on, and change the ADAA membership picture in 1961.

HOW CAN IT BE DONE?

The Answer Is United Effort. Are we

Editor's note: This article, which is a combined effort of the Chairman and the members of the Membership Committee, sets a fine example of teamwork within a committee.

united in this effort at the local, state and national level? It is an established fact that group effort is far more effective than individual effort. Will our performance in this drive prove that we are capable of working as a team? If we cannot show evidence of our ability to work as a team within our association, how can we expect to be recognized as a member of the dental office team? We can make this 1961 Membership Drive the most successful we have ever staged, if we are willing to work for it.

WHO WILL BE THE WINNERS OF THE AWARDS?

In addition to the satisfaction that comes with success in a venture and the opportunity to prove our ability as a group, there is added incentive this year. Three attractive awards will be given to the winners of the first, second and third places and they are indeed worth working for. No. 1: A trip to the 1961 Convention in Philadelphia (travel by rail or air plus \$150.00 to cover hotel and other expenses). No. 2: \$100.00 cash prize. No. 3: \$50.00 cash prize. Who will be the three dental assistants to win these attractive awards for their work in this campaign? To be eligible for the No. 1 award the member who secures the largest number of members must attend the Convention in Philadelphia. If the first place winner cannot attend, the award will go to the second or subsequent place winner. The winners will be notified on or before August 15, 1961, and the results will be announced at the 1961 convention. At press time we have more than six weeks remaining to get busy and win an award in this membership drive. Think and act quickly—you may be a winner!

Plan Your Public Relations Programs

Anna Carey*

*Oh wad some power the giftie gie us
To see ousrels as others see us!
It wad frae monie a blunder free us,
An' foolish notion.*

—ROBERT BURNS

Ours is a service vocation. True, there are many facts and techniques we must master, but in no aspect of our work is there a greater opportunity and a greater challenge than in our relationships with others.

As each member of our society carries out her respective professional duties, she is selling not only herself, but also her organization to the public. Each member should study herself, take an honest inventory of her human qualities, and then seek to develop the good traits and eliminate the others.

To communicate our ideas, and to interpret our plans and programs effectively, we need tools. One of the most important tools in public relations is the press. There are facts the individual reporter must know about the press, and she must know how to meet the press. The reporter should learn the rigid rules of good reporting. A few hours spent with a good book on journalism, available at any public library, would pay high dividends for the society.

A second tool is the effective use of words. Many occasions, especially program planning, demand letters. Letters should be as short as possible without being abrupt. They should be clear and complete to the

last detail, and should place the reader, not the writer, at the center of the letter. Never overlook the opportunity to show appreciation and to express congratulations to fellow members, other societies, or outside speakers.

A Speaker's Bureau is another tool for extending public acquaintance with our work. Frequently the doors of the public schools are open to us. In some schools there are Future Medical and Dental Career Clubs which sponsor talks by professional people.

Science Fairs offer an ideal opportunity to local groups to develop better relations with their communities, with other local health agencies and scientific groups, and with schools, civic groups and high caliber individuals. A Science Fair would also help attract superior students to a career as dental assistants.

We will move toward a planned and active public relations program when each member earnestly seeks self-improvement; cultivates the best possible relationships with her employer, his patients, and the community; when the membership uses every possible line of communication in the very wisest way; when the membership uses every available source of information for extending the knowledge of their vocation.

*Chairman of Public Relations Committee

Flowers For The Living

Mathilda Bremer

Assistance is available from the Juliette A. Southard Relief Trust for members of the American Dental Assistants Association who are in need. This fund was established in memory of our founder, Juliette A. Southard and named in her honor. Contributions to it are made each year by constituent and component societies, through proceeds of fund-raising parties or projects, on or around September 25, the birth date of Mrs. Southard. The secretary of your constituent society has information in her files regarding the application for aid.

When aid is needed, funds must be available, which means constant contributions must be made. According to the figures of the financial statement in this issue only \$614.40 was received in donations during 1960. The rules, established by the House of Delegates, are that funds available to the Juliette A. Southard Relief Committee in one year for grants shall not exceed the donations of one year. (However, in the event of numerous requests within a year, funds from the General Fund may be used with the approval of the Budget and Finance Committee.)

With the increase in cost of medical and hospital care the amount of \$614.40 will

not go far should three, four or more members need aid. During 1960 only \$150.00 was paid out for aid, but in 1959 the total grants amounted to \$1,150.00. We never know when emergencies will arise, and we must be ready to meet them at all times.

Now is the time for your component society to make plans for a birthday party honoring our founder and at the same time to contribute to a Fund which some day may help you or one of your very close friends.

The following suggestions are only a few fund-raising project ideas:

Silver tea

Door Prize Drawing

White Elephant Sale

Age, Weight or Height in pennies

Pot-luck supper

Auction of handmade articles

Many families prefer memorials in lieu of flowers when a loved one has passed away. Why not send a contribution to the Juliette A. Southard Relief Fund in memory of the deceased? What better way is there to give "flowers to the living"?

Please send all contributions to Central Office, not to the chairman or a member of the committee.

IN MEMORIAM

Miss Lucy Sapuppo, 23, President of the Merrimack Valley District Dental Assistants Association (Massachusetts), was struck by a hit-run driver on Friday, March 3, 1961 and succumbed to her injuries eight hours later.

Lucy, who had been an assistant to Dr. Phillip L. Hyde of Lawrence, Massachusetts since 1958, began her career in dental assisting shortly after graduating from a Dental Nursing School in Boston.

Her sincere friendliness, devoted interest in her local society and counsel and love will be deeply missed by her fellow members.

Heartfelt sympathy is extended her family, Dr. Hyde and her friends.

Submitted by:

MARY FAITH MANYAK

Worcester, Massachusetts

**Annual Report
J.A.S. Relief Fund For 1960**

DONATIONS

Alabama	\$ 13.52	Missouri	\$ 15.00
Arizona	4.88	Montana	5.00
Southern California	19.50	Nebraska	10.00
Colorado	7.84	North Dakota	4.25
District of Columbia	10.00	Ohio	114.50
Florida	70.64	Oklahoma	5.10
Illinois	25.10	Pennsylvania	15.00
Indiana	106.00	South Carolina	10.00
Kansas	20.00	South Dakota	10.80
Kentucky	30.00	Virginia	10.50
Louisiana	20.00	Washington	10.85
Maine	6.25	West Virginia	20.02
Maryland	10.00		
Michigan	19.00		
Minnesota	20.65	Total	\$614.40

JULIETTE A. SOUTHARD RELIEF TRUST

**STATEMENT OF INCOME AND EXPENSE AND FUNDS ON HAND
FOR THE YEAR ENDED DECEMBER 31, 1960**

Balance, January 1, 1960 (1)	\$14,739.10
------------------------------------	-------------

Income:

Donations	\$614.40
Interest earned on time deposits	155.27
Increment in redemption value, U. S. Bonds	<u>258.50</u>
 Total Income	\$1,028.17

Expense: Grants	<u>150.00</u>
-----------------------	---------------

Net Income	878.17
------------------	--------

Balance, December 31, 1960	<u>\$15,617.27</u>
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Consisting of:

Savings Account, First National Bank & Trust Co., LaPorte, Indiana	\$ 5,918.27
United States Bonds, current redemption value	<u>9,699.00</u>
 Total	<u>\$15,617.27</u>

(1) Opening balance received from transfer of funds from American Dental Assistants Association Juliette A. Southard Relief Fund.

Submitted by:
MATHILDA E. BREMER, *Chairman*
J.A.S. Relief Committee

Instructions For Ordering ADAA Emblem Pins, Guards, and Certification Wreaths

All ADAA emblem pins, guards and Certification Wreaths must be ordered through the State Secretaries, who verify membership (and eligibility to wear the pin).

Order blanks may be obtained from the jeweler. It is a good idea for the local society secretaries or pin chairmen to obtain a supply of these order blanks for the use of their society members.

Fill out your order — attach your check or money order to this blank, add the proper amount for insurance — and send it to your State Secretary — unless your Society has arranged that the local Secre-

tary send all these orders to the State Secretary.

The State Secretary checks the membership and signs the orders and sends them on to the jeweler.

In the case of Certification Wreaths, the State Secretary forwards these orders to the Executive Secretary of the ADA Certification Board, after she has signed them to attest to the membership. The ADACB Executive Secretary checks the Certification records for member's eligibility and forwards the order to the jeweler.

Pins, guards, and wreaths may be mailed directly to the purchasers, if names and addresses are included in the order; or a group of orders for one society may be shipped to one person if desired.

AMERICAN DENTAL ASSISTANTS ASSOCIATION PRICE LIST ADAA EMBLEM, PIN, AND GUARDS

	<i>10K</i>	<i>Gold Filled</i>
Emblem Pin	\$3.65	
Gavel with Pearl — State President	3.85	\$2.50
Gavel — Component Society President	2.75	1.85
Gavel — President-Elect Gavel with Elect on handle	2.75	1.85
Gavel with "Vice" on handle — All Vice Presidents	2.75	1.85
Quill with 3 Pearls — State Secretary	3.85	2.75
Quill — Component Societies	2.75	1.85
Inkwell — Assistant Secretaries	2.75	1.85
Crossed Quill & Key — Secretary-Treasurer	3.85	2.75
Key with 3 Pearls — State Treasurer	3.85	2.75
Key — Component Treasurer	2.75	1.85
Quill in Inkwell — Editor	3.25	2.25
Torch — Committeeman	2.75	1.85
Open Book — Historian	2.75	1.85
Single Letter Guard — Initial of State, City, Society	2.75	2.00
Two Letter Guard — Separate Letters	5.50	3.85
Special Design — Double Letter	3.25	2.25
Double Numeral Year Guard	2.75	
Loyalty Guards — 5 Year and 10 Year	2.75	
Loyalty Guards — 15 Year, 20 Year and 25 Year	3.85	
Trustee Guard	2.75	
Certification Wreath Only*	3.85	
Attach wreath to your ADAA Pin	1.15	
Certification Pin Complete*	7.50	

*Must be ordered on official blanks but sent to your State Secretary for approval — then to Assistant to the Secretary, ADACB, Inc., Mrs. Annette Stoker, 103 Midland Ave., Glen Ridge, New Jersey. Send pin directly to Karl J. Klein, Inc., Jewelers.

Trophies — Gavels — Special Presentation Awards — Prices sent upon request.

Sample Pin Display Case Available for Your Meetings. Contact Your District Trustee directly for Sample Pin Display Case.

OFFICIAL JEWELER

Karl J. Klein, Inc., Jewelers, 806 S.W. Broadway, Portland 5, Oregon

"ADD 15¢ to above price for the insured mailing of your pin."

The way to a more profitable practice...

THE HANAU TRIPLEX SYRINGE



The Hanau Triplex Syringe, designed to meet the increasing demands of dentists for greater efficiency in the operative procedure, is actually three syringes in one. It provides (1) a perfectly controlled water stream, (2) the flushing and cooling action of an atomized spray and (3) the desired volume of air for drying. Switching from water to air, or to spray, is as simple as touching the correct button. Any of these actions can be locked into continuous operation with a flick of the thumb.

Triplex eliminates a great number of tiring reaching movements and simplifies your operating procedure. This is vitally important

when it is remembered that dentists are estimated to suffer more than three times as much as the average person from muscular strain and exhaustion.

The Hanau Triplex is ideal for custom installations, adapts readily to most dental units, and in either case it can be located wherever it is most convenient for you. (The new Hanau "Accu-Stat" Water Heater is specifically designed for installation where no warm water source exists.)

Write today to find out how the amazing Hanau Triplex Syringe can help you build a practice that is both easier and more profitable.



HANAU
ENGINEERING CO., INC.
1233 Main St. • Buffalo 9, New York

Please send complete information on:

- The Hanau Triplex Syringe.
- The New Hanau Accu-Stat Water Heater.

Name _____

Address _____

City _____ Zone _____ State _____



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that local irritation caused by food residues in areas not ordinarily reached by the toothbrush are an important contributing factor in periodontal disease . . . Not only is the cleansing effect of STIM-U-DENTS useful in the treatment of these diseases, but they are also helpful in the maintenance of optimum gingival health, and are so convenient to use after eating . . . Join the thousands of dentists who use and prescribe STIM-U-DENTS.

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STIM-U-DENTS

FINISH WHAT THE TOOTHBRUSH LEAVES UNDONE

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D. Asst. 5-61

Dr. _____

Please enclose your Professional Card or Letterhead

Address _____

City _____

Zone _____ State _____



Rx for caries-active patients



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NON-CARIOGENIC MINTS

Mint, Lime, Clove, Wintergreen, Wild Cherry, Choco-Drops and Licorice. Also Sugarless Fruit Drops and Cough Drops.

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Peppermint, Spearmint, Fruit, Cinnamon, Clove, Grape and Licorice



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Available at drug stores, department and health food shops. Samples and literature, including Patient Distribution Folders, upon request. Please give druggist's name and address.

Pride is Pardonable

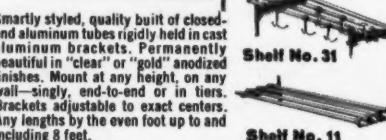
When a task is performed with skill and energy then pride is justified.

We have seen dentists put down their instruments and admire their own handwork. It is a satisfaction when the completed work meets with operators approval.

We feel that way about the instruments we make for the dental profession. We know that years of design experience plus quality materials go into our products. It fills us with pride when we are complimented by our customers.

J. W. IVORY, INC.
Manufacturers
PHILADELPHIA 2, PA., U.S.A.

Decorator Line



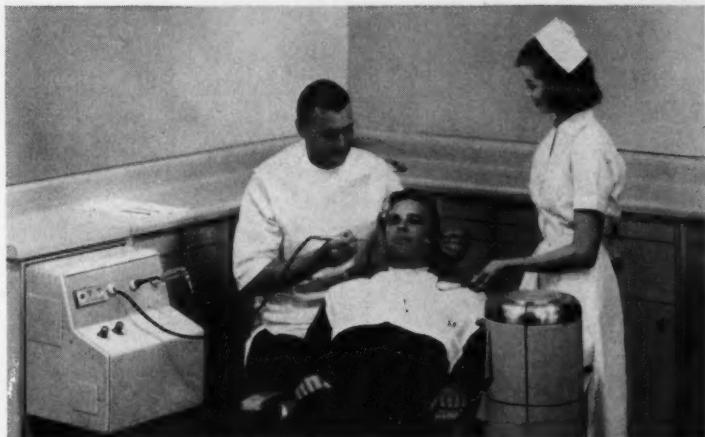
18" Shoulder-shaped, sanded and varnished hardwood hangers of improved (hookless) design, mount in spaced receptacles. (Left) No. Y18X Special Hangers hold garments perpendicular to wall. (Right) No. Y-18 Special Hangers hold garments parallel to wall.

Write for Bulletin DL-760

VOGEL-PETERSON CO.

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TO HELP
YOUR PRACTICE KEEP PACE WITH
PROFESSIONAL PROGRESS



S. S. WHITE C-M-A UNIT

S. S. White's new unit simplifies your work and improves your practice!

OPERATING EFFICIENCY—The compact C-M-A brings office teamwork to a maximum, waste motions to a minimum, allowing you to treat more patients for a more productive practice.

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PATIENT APPEAL—The atmosphere of a smartly styled office makes your patients less apprehensive, more relaxed, and easier to work with. It is a fact, too, that patients often judge the dentist by the appearance of his equipment.

PROFESSIONAL ACHIEVEMENT—The C-M-A enables you to turn out a larger volume of your best dentistry . . . helps you keep pace with professional progress.

See the C-M-A unit on display or ask your salesman about it today!



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FOR
DOCTORS
AND
ASSISTANTS

All nylon support
hose for relief due
to leg fatigue.



WOMEN'S

Colors Beige, White
Small (8½-9)
Medium (9½-10)
Large (10½-11)
X-Long (10½-11½)

MEN'S

Colors Black, Navy, White,
Brown, Gray
Short (9½-10½)
Medium (11-12)
Large (13-14)
Medium Tall—
(10½-11½)



PRICE
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Dental Cape

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FOR THE
DENTAL
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Non-reflecting finish
Waterproof
Soft, quilted neckband
Interlocking adjustable
neckband—washable
Weighs less than 3 ozs.

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Nome



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Letterheads, for instance. The letterheads we printed last year, placed end to end, would reach from Nome to Rome to Oslo.*

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* 6300 miles.

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NEW HYDE PARK, N. Y.

America's Largest Printers to the Professions

A Message to the Dental Assistant . . .



*"You are a
living doll"*

And the Dentist you serve will tell you so
for reminding him that it's time to plan on
sending your old Wig-l-bug for conversion.

Convert your
old **WIG-L-BUG**

into

an up-to-the-minute,
bright, **WHITE**
model . . . **\$4950**

Model 3A

Model 3A-W



a shiny, **BLACK**,
streamlined
model **\$4450**

F.O.B. FACTORY

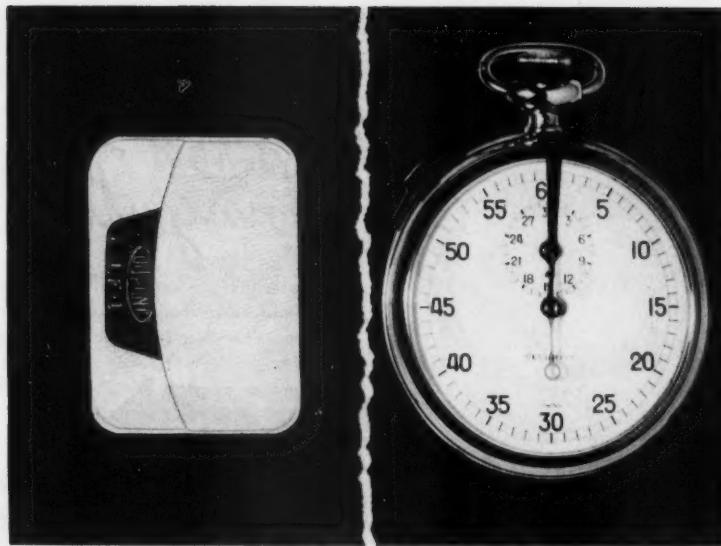
Model 5A-B



To bring your old Model 3A
right up to date, we check and
clean thoroughly, replace the mechan-
ical timer with a new electric timer, and
remount the mechanism in a new, bright,
White housing...or a Black, lustrous hous-
ing, whichever you prefer. This offer only
to 115 volt, 60 cycle machines.

Have the conversion made while the
Dentist is away on vacation to avoid being
without use of your Wig-l-bug. Delivery in
about 2 weeks.

CRESCENT DENTAL MFG. CO., 1839 So. Pulaski Road, Chicago 23, Ill.



LIGHTNING FAST...for speed, safety, savings

Just a second—that's the longest exposure you'll have to make with Du Pont's "LF" Dental X-Ray Film. The five-fold speed increase means less radiation for the operator and patient, sharper pictures, far less effect from patient motion. You'll be able to use low-distortion long-cone technique with normal exposure times, too.

There's a complete line of Du Pont Dental X-Ray Films to help you get every diagnostic value from your equipment and skill. And to help you get the most from these films, we've prepared a simple, easily read technique chart. We'd be happy to send you one—or any other technical information you'd like—for a postcard to: E. I. du Pont de Nemours & Co. (Inc.), Photo Products Dept., Wilmington 98, Delaware.



BETTER THINGS FOR BETTER LIVING...THROUGH CHEMISTRY

IDEAS*

for a
V.I.P.



*SCHEDULING THE NERVOUS PATIENT

The poor in spirit may be blessed indeed. But in a dental office, they can also be a real problem.

First of all, many of them postpone making an appointment until they are in pain, and then they want it immediately. Others, in a wild burst of courage, will phone for an appointment . . . and then keep postponing it. And once in the chair, their jumpiness makes a simple treatment take twice as long as it should.

With this type of patient, there are several things you can do to minimize confusion and delay on future visits:

1. Book the next several appointments before the patient leaves the office. Then use telephone follow-up as the date draws near to stress the fact that the appointment must be kept.
2. Book the appointments for early in the day. Many of these are persons of low vitality, and their bravery drains off with their energy as the day wears on. Fresh after a night's sleep, they may be much easier to handle.
3. Once they are in the office remember that even if their fears are unfounded, and may seem a bit childish to you, they are very real fears to the individual concerned. Try by your calm and cheerful attitude, and anything you may say, to inspire in them the complete confidence you have in your dentist.

Just as these patients dread dentists, so do many dentists dread salesmen. Yet these same dentists keep the Welcome Mat out for the Ney Gold representative because his knowledge of gold prosthetic techniques is truly helpful.

THE J. M. NEY COMPANY
HARTFORD 1, CONNECTICUT



40 MILLION CHILDREN NEED FLUORINE

only 10 Million Children Get It !

30 Million Children Do Not !

THERE ARE APPROXIMATELY 60,000 DENTAL OFFICES AND DENTAL ASSISTANTS

The Dentist has some time to devote to educating his patients.

The Dental Assistant probably has a little more. Together each Dentist and Dental Assistant have the job of teaching.

$$\frac{30,000,000}{60,000} = 500 \text{ Children's Parents}$$

That, we believe you will agree, is quite an order. But it can and will be done.

Here is a quotation from Percy T. Phillips, 1959 President of The American Dental Association. In the 1959 program of A. S. D. C. *"Instilling sound precepts of Dental Health Education and of care at an early age for ever-increasing numbers of boys and girls is essential if we are to achieve the basic aim of a responsible health profession — A population with lifetime teeth, and free of much of the dental disease that besets the nation today."*

Dr. Phillips is optimistic and confident that vast improvement is possible and probable. Notice he does not set a date when this is likely to be accomplished. That date depends on the efforts of those who are able to teach the public.

We call your attention to the charts on the opposite page. They are self explanatory, and impressive.

The problem is:

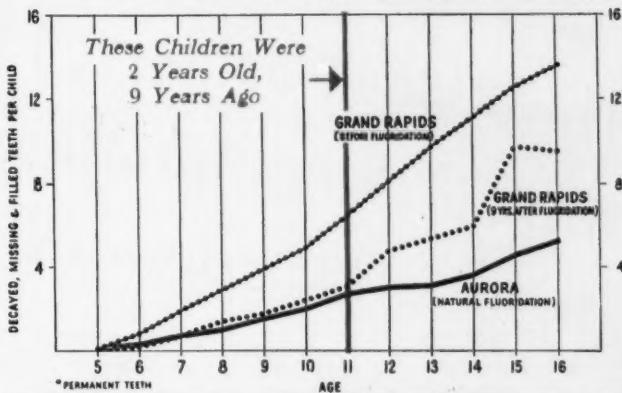
- (1) How to get this information to mothers before they have their babies.
- (2) How to impress all parents with the importance of preventive care of the teeth.

Numerous ways suggest themselves — Health Departments, Pediatricians, Dental Auxiliaries, Parent-Teacher organizations, etc. However it will probably remain for the Dentists and Dental Assistants to inform these groups of the possibilities.

FLUORITAB CORPORATION

625a South Saginaw Street Flint, Michigan

Decayed, Missing & Filled Teeth* Per Child NINE YEARS AFTER FLUORIDATION (GRAND RAPIDS, MICHIGAN)



Growth of the Teeth

Tooth	Hard Tissue Begins Forming	Amount of Enamel at Birth	Enamel Complete	Erupts	Root Complete
BABY TEETH					
Upper Centr. Incisor	4 mos. in uterus	5/6	1 1/2 mos.	7 1/2 mos.	1 1/2 yrs.
Upper Cuspid	5 mos. in uterus	1/3	9 mos.	18 mos.	3 1/4 yrs.
Lower Cuspid	5 mos. in uterus	1/3	9 mos.	16 mos.	3 yrs.
Lower 1 Molar	5 mos. in uterus	cuspids united	5 1/2 mos.	12 mos.	2 1/4 yrs.
Lower 2 Molar	6 mos. in uterus	cuspid tips isolated	10 mos.	20 mos.	3 yrs.
PERMANENT TEETH					
Upper Centr. Incisor	3-4 mos.	none	4-5 yrs.	7-8 yrs.	10 yrs.
Upper Cuspid	4-5 mos.	none	6-7 yrs.	11-12 yrs.	13-15 yrs.
Upper 1st BiCuspid	18-21 mos.	none	5-6 yrs.	10-11 yrs.	12-13 yrs.
Lower 2nd Bicuspid	27-30 mos.	none	6-7 yrs.	11-12 yrs.	13-14 yrs.
Lower 1 Molar	at birth	trace	2 1/2-3 yrs.	6-7 yrs.	9-10 yrs.
Lower 2 Molar	30-36 mos.	none	7-8 yrs.	11-13 yrs.	14-15 yrs.
Lower 3 Molar	8-10 years	none	12-16 yrs.	17-21 yrs.	18-25 yrs.

*These Two Charts Prove That Children's
Dental Care Should Start at a Very Young Age*

The Fluoritab Corporation recommends that you get Fluoridation if you can. If you cannot, then Fluoritabs (.1 milligram Fluorine Tablet) are the next best. A full years supply cost less than \$4.00 per child.

Fluoride supplements, including Fluoritabs may be prescribed only by dentists and physicians.

FLUORITAB CORPORATION
625a South Saginaw Street
Flint, Michigan

Complete information, samples, reprints, dispensing labels, prices, and prescription instructions, furnished free upon request.



The RIBBON OF COTTON
makes the difference
in RICHMOND sponges

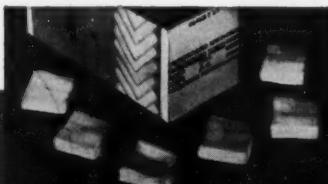
Open up a Richmond Dental Sponge and look inside. You'll see a "ribbon" of cotton which has been enclosed in surgical gauze, with all raw edges turned inside.

Now you know why the Richmond sponge has more absorbency in the center where you need it . . . and why Richmond sponges are so satisfactory in daily use.

WRITE FOR SAMPLES

RICHMOND DENTAL COTTON CO.

Manufactured from
the finest quality cotton



Dentifrice



SODIUM
BICARBONATE
U.S.P.

An accepted
formula for
cleaning teeth
safely

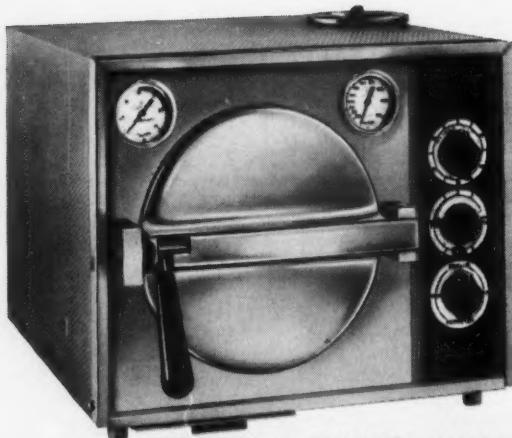
Dentists have good reasons for recommending Sodium Bicarbonate U.S.P. as a dentifrice. It is a mild abrasive that is useful in the prevention or removal of stain.¹ Equally important, Sodium Bicarbonate is a mild alkali that helps clean both natural and artificial teeth.

1. Accepted Dental Remedies, 24th Edition, pg. 131, 1959



Arm & Hammer Baking Soda is accepted by the American Dental Association as Sodium Bicarbonate U.S.P. It may be prescribed with confidence wherever Bicarbonate of Soda is indicated.

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STEAM AND DRY
STERILIZATION
IN A
SINGLE UNIT!

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OMNI-CLAVE[®]
DOES 2-IN-1 DUTY

The only dual-purpose unit on the market, OMNI-CLAVE gives you both steam and dry sterilization in a single-chamber auto-clave. Among its superior advantages are ease and speed of operation.

Single-knob action sets pressure and temperature. From a cold start, OMNI-CLAVE reaches pressure in 10 minutes; on successive cycles, in less than 4 minutes. OMNI-CLAVE takes up to 3 trays, instruments up to 13 inches—chamber is 7" x 14".

OTHER OUTSTANDING FEATURES:

1. Operation—Simple
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3. Easy to clean
4. Upkeep—Most Economical

OMNI-CLAVE[®]

frees you for other important duties . . . saves your

TIME • PRESSURE • TEMPERATURE

Write to dealer for literature and a practical demonstration.

 *the Pelton & Crane company*

P.O. BOX 3664, CHARLOTTE 3, NORTH CAROLINA

Fine Professional Equipment Since 1900



Almost overnight...

MICRO ALLOY PELLETS

*changed
amalgam
practice*

Dentistry's preference for Micro Alloy pellets . . . so quickly evidenced when the product was introduced in 1957 . . . continues to grow.

Why? Say dentists: "We like the way it works." Specific advantages noted include convenience of dispensing . . . efficiency of pre-loaded capsules . . . smoothness of manipulation . . . plump, fat amalgam . . . dense structure . . . rapid development of strength for instant carving.

Also available:

Micro Non-Zinc Pellets, offering identical clinical characteristics *plus* special advantages for use in cavities where dryness is difficult to maintain.

For modern materials call on

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Milford, Delaware

Introducing the
new Weber Aero-
Hydro-Therm
WARMER



Warms both Air and Water
Retains Heat
Adjustable Thermostat—Fast Recovery
Economical Operation — Fiberglass
Insulation minimizes heat loss.
Only Weber has it!

WEBER

The **WEBER** DENTAL Manufacturing Company
Canton 5, Ohio

Featured on The New Turbinette
Add It to Your UN-ette

Introducing
the New Weber
3-way SYRINGE—
Gives you warm
air for the first
time!



You'll love the balanced "feel" of this handsome 3-way syringe. Adaptable to any Turbinette or Un-ette. With the Weber Warmer, you get warm air for the first time in a 3-way syringe. Best of all, you get single lever switching from water — to spray — to air — a thumb-tip slide does the job perfectly. Order it soon! Only Weber has it!

1. WATER — from a drop to a stream.
2. SPRAY — metered by thumb pressure.
3. AIR — metered by thumb pressure.

WEBER

The **WEBER** DENTAL Manufacturing Company
Canton 5, Ohio

*Smooth...
as fine as your
face powder*

Tenet

the smooth zinc phosphate cement
for jackets, crowns, bridgework

*preserves
tooth-color
harmony*

Try TENET — and discover the smoothest cement you ever mixed. It allows you ample working time . . . flows like heavy cream . . . gives you a hair-thin, dense seal that resists the action of saliva.

Ask your ACHATITE dealer for a 2/1 TENET package today — or write for detailed literature

TENET is another quality product from the manufacturers of ACHATITE, the reinforced silicate for esthetic anterior fillings

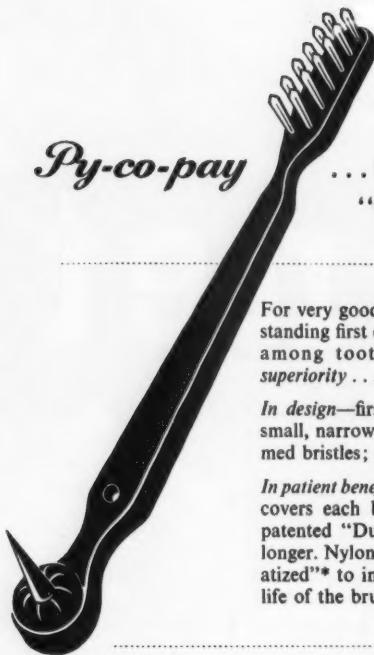


VIVADENT CORP.
30 Pine St., Woburn, Mass.

*Try TENET today —
you'll see and feel
the difference!*

Py-co-pay

... is the profession's
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For very good reason, Py-co-pay is the outstanding first choice of the dental profession among toothbrushes. That reason is *superiority* . . .

In design—first in professional standards—small, narrow head 1" long; uniformly trimmed bristles; straight, rigid 6" handle.

In patient benefits—fits better in lingual areas, covers each brushing position thoroughly; patented "Duratized" natural bristles last longer. Nylon and natural brushes are "Steratized" to inhibit bacteria for the effective life of the brush.

PLUS THESE SPECIAL FEATURES

- Py-co-TIP—flexible rubber tip for interdental stimulation.
- Choice of bristle texture to meet every need—medium, hard and extra hard nylon; "Softex" multi-tufted nylon; hard natural. Junior brush in medium nylon.
- Widely distributed thru retail stores so that patients can easily follow their dentist's specific recommendations.
- Available to the profession at special low prices for patient instruction in oral hygiene.

*T.M.

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Good preventive dentistry starts with prophylaxis treatment...

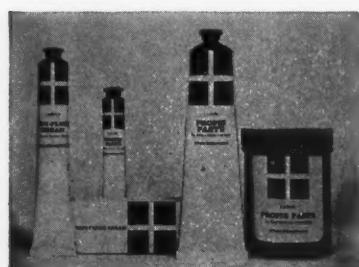
PROFIE® prophylaxis gives better results . . .

Diagnosis is aided when all calculus, stains, and deposits are thoroughly removed . . . for clearer interpretation of x-rays and more accurate estimates of work to be done. Profie prophylaxis is most effective as a diagnostic adjunct.

Irritation is checked and local infection deterred by scaling all traces of gingival and subgingival calculus . . . vital first stages in treating gingivitis and periodontitis. Profie prophylaxis helps accomplish these indispensable scaling procedures safely, more easily, and faster.

Periodontal damage is inhibited when residues as well as gross deposits are eliminated . . . thus curbing a major factor in tooth loss. Profie prophylaxis utilizes superfine ingredients which assist efficient cleaning and polishing of crowns and accessible root surfaces.

Dental hygiene is improved because a thorough prophylaxis treatment encourages the patient to keep his teeth looking better. Profie helps create the maximum aesthetic values that naturally lead to proper oral health habits.



To serve your doctor better in achieving a healthier practice and happier patients — it's also "good scents" to use odor control therapy with LaClede® Professional Room Deodorizer and Breath Deodorant.

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